



Washington Healthplanfinder Operator's Manual



Introduction

What is the purpose of the Operator's Manual?

This Operator's Manual is intended for *Washington Healthplanfinder* Customer Support Center Staff, Exchange Account Workers, Health Care Authority Eligibility Workers, Brokers, Navigators, Tribal Assistants and Certified Application Counselors as a detailed self-reference guide containing step-by-step instructions on how to perform complex tasks in the Healthplanfinder system. This Manual should be used for general reference purposes while the Troubleshooting Desk Aid should be used for day-to-day troubleshooting with customers. The Operator's Manual is organized in logical groupings based on different portions of the application, renewal, and document verification process. There are specific instructions in each section for the user to reference each step of the different application and renewal process flows. The Manual is updated when there is a major system enhancement released in *Washington Healthplanfinder*.

How do I access the Operator's Manual?

1. Locate the Operator's Manual on the SharePoint site (for Exchange Staff)
2. Click on the title to open it in your browser
3. Once the file has opened, use the "Table of Contents" navigation to access all sections

How do I use the Operator's Manual?

This Operator's Manual is divided into several chapters. Each chapter is divided into subsections that provide details on each step of a specific process flow Qualified health plan with/without tax credits, Apple Health and addresses complex *Washington Healthplanfinder* scenarios. To navigate to the desired page:

1. Go to the Table of Contents located on the next page
2. Click on the corresponding line in the Table of Contents to be taken to the corresponding page in this Operator's Manual (hover over the title with your mouse to get the cursor to turn from an arrow to a hand or hold down the control key on your keyboard and click) **OR**
3. Use the Control + F Function to search for keywords in the document for relevant information.

NOTE: The title page of the Operator's Manual will identify the date of the document. Prior to using the Operator's Manual, check SharePoint for the most recent version, as changes may have occurred. Follow the process outlined in the instructions above to save the most recent version to your computer.

Please note: This Operator's Manual does not contain client information in text content or screenshots.

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1. Tips for Application Processing/About You/Person ID Matching

Who has access to this chapter?



- Exchange Operations
- Customer Support Center Representative
- Broker
- Navigator
- Health Care Authority Community Partner
- Health Care Authority Eligibility Worker
- Tribal Assister
- Certified Application Counselor

Chapter Contents



- 1.1 Before you start your application
- 1.2 About You
- 1.3 Person ID matching

1.1. Tips for Application Processing

The following is a manual that account workers, brokers, and navigators can review for lessons learned and tips pertinent to application processing. This manual is meant as a resource and reference document

Each question in the manual below is grouped based on key parts of the application process in *Washington Healthplanfinder*

#	Situation	Yes	No
Lawful Presence			
1	Applicant is a US citizen...	Applicant will not need to verify lawful presence	If applicant is not a US citizen, applicant must prove lawful presence to be determined eligible for coverage.
2	Applicant and dependents are lawfully present in the United States...	<p>Applicant will need one of the following documents to prove lawful presence in Washington Healthplanfinder:</p> <ul style="list-style-type: none"> • (Form I-327) Re-entry Permit • (Form I-551) Permit Resident Card • (Form I-571) Refugee Travel Document • (Form I-20) Non-immigrant Student Status • (DS2019) Certificate of Eligibility for Exchange Visitor Status • Other • (Form 1-766) Employment Authorization Document • Temporary 1-551 Stamp • (I-94) Arrival or Departure Record • Machine Readable Immigrant Visa (with Temporary I-551 Language)* <p>If providing a *Machine Readable Immigrant Visa (with Temporary I-551 Language) as Immigration Documentation, information from a Foreign Passport will also be REQUIRED. For other forms of documentation Foreign Passport Information is either not required on optional.</p>	<p>Immigrant Eligibility information for applicants who are not lawfully present:</p> <ul style="list-style-type: none"> • Pregnant women and children (18 and under) eligible for Washington Apple Health (Medicaid) • Alien Emergency Medical (AEM) • Not eligible for qualified health plan, premium tax credits, and cost-sharing reductions

#	Situation	Yes	No
		Applicant will need to have his/her and his/her dependents' SSN and Proof of Citizenship on-hand.	
3	Applicant is a US citizen...	<p>Applicant will need one of the following documents to prove Naturalized US Citizenship in Washington Healthplanfinder:</p> <ul style="list-style-type: none"> • U.S. Passport/U.S. Passport Card • Enhanced driver's license or Enhanced state ID; [standard license will NOT be accepted, it MUST be Enhanced] • Certificate of naturalization • Certificate of Citizenship • Official state/county U.S. Birth Certificate • Other certification of birth issued by Department of State • Department of Health (DOH) printout for Washington State Birth • U.S. Citizen ID Card • Final adoption decree in the U.S. • Evidence of civil service employment by the U.S. government before June 1, 1976 • Official military record of service that shows a U.S. place of birth 	N/A
4	Applicant has gone by a different name...	<p>If applicant has gone by a different name and has been previously enrolled in Medicaid through Legacy Automated Client Eligibility System, his/her information will be pre-populated in <i>Washington Healthplanfinder</i>.</p> <p>If applicant has gotten married in the last year and has a new name, he/she will need to report a change in <i>Washington Healthplanfinder</i>.</p>	N/A

#	Situation	Yes	No
Relationships			
5	Applicant is married...	<p>Married couples who intend to file taxes should claim “married filing jointly,” “married filing separately,” “dependent of someone not on the application,” or “dependent of someone on the application” as their tax filing status. It is important to understand the intricacies of his/her relationship with any dependents before starting the application.</p> <p>NOTE: New applicants whose spouse passed away during the year can still claim tax filing status of “married filing jointly” for the remainder of the year. In this situation, the applicant should add his/her spouse to the application and set the Household Relationship status as “deceased spouse.”</p>	If applicant has previously been married, in order to make sure applicant’s husband/wife has not listed applicant on his/her application, applicant should make sure to use his/her full name when filling out the application.
6	Applicant lives with his/her partner, domestic partner, boyfriend, or girlfriend...	To claim domestic partnership, applicant must be a Washington State registered domestic partner and at least one of the partners is sixty-two years of age or older. Applicant should not claim domestic partner for a relationship status if he/she does not meet these requirements.	N/A
Dependents			
7	Applicant claims tax dependents...	If applicant has tax dependents, applicant should take time to understand some complicated situations regarding dependents.	N/A
8	Applicant’s tax dependents are his/her children...	<p>Child dependents will be listed on the application after the individual chooses “Myself and Others” under “Who Are You Applying For?”</p> <p>Applicant will need to input more information into <i>Washington Healthplanfinder</i> to list dependents correctly.</p>	N/A

#	Situation	Yes	No
9	Applicant's children will be turning 19 or 26 years old in the next year...	<p>Upon turning 26, the applicant's child will need to submit his/her own separate application in <i>Washington Healthplanfinder</i> and list themselves as the primary applicant.</p> <p>NOTE: If the child is 26 or older but is listed as a dependent on their parents' tax filing, the child will need to include his / her parents on the child's separate application. If the child is 26 or older and is not listed as a dependent on their parents' tax filing, the child will not need to include his / her parents on the child's separate application.</p> <p>If applicant's child is 19 years old, please see question 10.</p>	If child will not be turning 19 or 26, application should be filled out with child listed as dependent.
10	Applicant is enrolled in Apple Health...	If the applicant is enrolled in Apple Health, any of his/her dependents who are 19 or older <i>must</i> submit their own applications and list themselves as the primary applicant.	For Qualified health plan with or without tax credit applications, the applicant's dependent children up to age 26 can remain on his/her application; however, they can file separately after age 18.
11	Applicant and/or any of his/her dependents are pregnant...	A birth of a child is a qualifying life event and will require the applicant to report a change in their application.	N/A
12	Applicant is a dependent of another applicant...	<p>If the applicant is filing as a dependent of a primary applicant, he/she will need a separate application if he/she:</p> <ol style="list-style-type: none"> 1. Is over the age of 26 2. Has a primary applicant on his/her application who is enrolled in Apple Health and the applicant is older than 19 <p>In that case, the applicant will want to know the primary applicant's:</p> <ol style="list-style-type: none"> 1. Name 2. Address 	N/A

#	Situation	Yes	No
		<p>Otherwise, the applicant will not need a separate application and will be included as a dependent of the primary applicant.</p>	
Medicaid			
13	<p>Applicant has previously enrolled in Medicaid under a different name (i.e., maiden name)...</p>	<p>Legacy Automated Client Eligibility System populated <i>Washington Healthplanfinder</i> with previously enrolled Medicaid clients.</p> <p>In the past, if the applicant has gone by a different name and has been enrolled in Medicaid, his/her SSN will still be associated with that Medicaid enrollment in <i>Washington Healthplanfinder</i>.</p> <p>The applicant should have on-hand any names by which he/she has previously been identified (for example: maiden names, previous married names, etc.).</p>	N/A

#	Situation	Yes	No
14	Applicant is currently enrolled in Apple Health...	<p>Account worker can perform a user search using the applicant's name or any other names by which the applicant has been identified in order to ensure that the applicant is not already in the system.</p> <p>Broker/navigator must use first name, last name, date of birth, and social security number to perform a user search.</p> <p>Account worker/broker/navigator can then edit any information, as necessary.</p>	N/A
American Indian / Alaska Native			
15	Applicant is a member of an American Indian or Alaska Native Tribe and has already gone to a broker, non-tribal assister or account worker...	<p>During the application process, the applicant will have to upload one of the following documents to prove AI/AN status in <i>Washington Healthplanfinder</i>:</p> <ul style="list-style-type: none"> • Tribal Membership or Enrollment Card • Official letter (that specifies membership or enrollment) • Certificate of Indian Blood (that specifies membership or enrollment) 	N/A

1.1.1. User Search

Screen Shot

HOME | EN ESPAÑOL WELCOME, RPIVE ELIGIBILITY (RHN BRP) | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered.

Account Home **User Search** Document Search Application Search Plan Management

Search Criteria

You can search by any of the filters available below.

ROLE *

Select an Option
Employer
Broker
Navigator
Employee
Individual
Designated Administrator
Administrator
Issuer

Flagged for Quality Assurance ⓘ

LAST NAME
E.g. Smith

DATE OF BIRTH ⓘ
E.g. 11/12/2012

PERSON ID
E.g. 364651

APPLICATION ID
E.g. 634156

EMAIL ADDRESS
E.g. abc@abc.com

Reset Search

Search Results

Step-by-Step

Account workers can find an existing customer in *Washington Healthplanfinder* by performing a search in the **User Search** tab available to them from their account worker role. This is useful for Person ID matching or searching to confirm whether a customer already exists in the system before proceeding with a new application.

Customer applications may show up in the results with different enrollment statuses such as **Drafted, Submitted, Partially Submitted or Renewal**

NOTE: Discarded applications will not show up in the search results

Available Fields for Search:

First Name and Last Name:

- Partial or full first name and/or surname
- **NOTE:** If searching with First and Last Name you must enter at least one additional search criteria

Date of Birth:

- Customer's full date of birth

Social Security Number:

- Customer's full social security number

Person ID:

- Assigned Person ID number listed on the customers application

Application ID:

- Application ID number associated with the customer

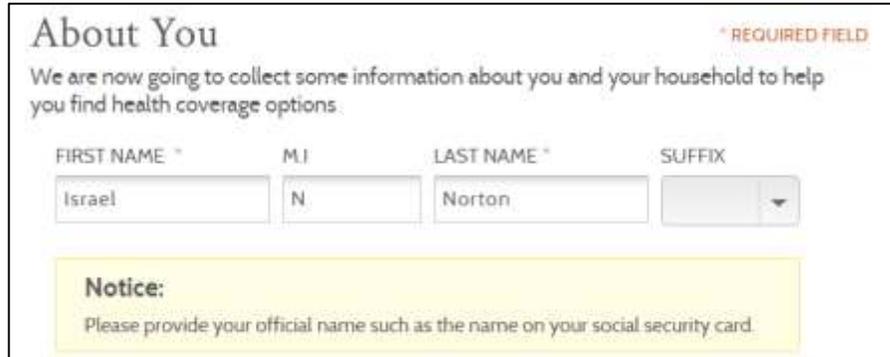
Email Address:

- Customer's email address tied to the application

NOTE: It is recommended to search using multiple fields, i.e full customer first and last name plus their date of birth. Avoid single character name searches during peak times to ensure better system performance.

1.2. About You

Screen Shot



Step-by-Step

1 STEP

Enter the **first name, last name, and middle initial** (if applicable) for the **primary applicant**.

KEY FIELDS

First Name:

- Full first name is required
- Minimum entry is two characters, maximum entry is 20 characters
- Numbers are not permitted

Last Name/Surname:

- Full last name/surname is required
- Minimum entry is two characters, maximum entry is 20 characters
- Apostrophes and Hyphens are the only special characters permitted:
 - Hyphens: If someone has two last names/surnames split them with a hyphen (e.g., Smith-Jones)
 - Apostrophes: Limited to last names which start with D, L, and O (e.g., O'Donnell)
- Numbers are not permitted

Middle Initial:

- A middle initial should be entered, if possible
- Blanks and special characters within the middle name are not permitted
- Leave entire field blank if there is no middle name. Do NOT put an X, N/A, or NMN

Screen Shot

SOCIAL SECURITY NUMBER ?	DATE OF BIRTH * ?
<input type="text" value="██████████"/>	<input type="text" value="11/10/1975"/>
SOCIAL SECURITY DISCLOSURE	
SEX *	
<input checked="" type="radio"/> MALE	
<input type="radio"/> FEMALE	

Step-by-Step


 2 STEP

Enter the **social security number**, **date of birth**, and **sex** of the **primary applicant**.


 KEY FIELDS
Social Security Number:

- Use the individual's full social security number
- Once entered, Washington Healthplanfinder will store the social security number as the primary and permanent piece of identification information for the individual
- **NOTE:** Once the social security number is entered into Washington Healthplanfinder, it should not be removed, changed, or updated since it will now be associated with the applicant in the system. This could trigger a future Partial ID Matching error.
 - If the customer or any representative attempts to enter a SSN that has been submitted as a part of another application, the system will encounter a Person ID matching error
 - If the customer or any representative attempts to enter a SSN that has not been submitted as a part of another application but is still incorrect, the applicant will need to call the Call Center so an Account Worker can verify and update the change in Washington Healthplanfinder

Date of Birth:

- Use the individual's full date of birth

Sex:

- Choose the sex with which the individual most strongly identifies

WHO ARE YOU APPLYING FOR? *

-Select an Option- ▼

-Select an Option-

Myself

Myself and Others

Other Household Members

Determine **who you are applying for** and select from the dropdown.

Read below to determine which option to choose for “Who you are applying for?” This selection has important implications for tax and income verification later on in the application.

Select “Myself” if:

- The individual is applying for him/herself independently and does not want to claim tax dependent status on another individual’s application
- Choosing “Myself” will result in the following tax filing status:
 - Single Filing Status

Select “Myself and Others” if:

- The individual files taxes with his/her spouse and/or claims dependents on his/her tax form and applies for coverage for the dependents as well as him/herself on the application
- The individual is married and their spouse has Employer Sponsored Insurance (ESI) with no dependents and is applying for coverage for only him/herself
- Choosing “Myself and Others” can result in a few different tax-filing statuses, depending on the individual’s choices later in the application. They are:
 - Married Filing Jointly
 - Married Filing Separately
 - Dependent of someone not on the application
 - Dependent of someone on the application
 - Single Tax Filing Status (with dependents)

Select “Other Household Members” if:

- The individual is not seeking coverage for him/herself
- The individual is the primary applicant

Screen Shot

Step-by-Step

- The individual is applying for his/her children, spouse, and/or other dependents

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH?

(NOTE: WASHINGTON APPLE HEALTH IS PUBLICLY FUNDED HEALTH INSURANCE PROVIDED THROUGH THE WASHINGTON STATE HEALTH CARE AUTHORITY) 

YES

NO

4 STEP

Select **Yes** or **No**.

KEY FIELDS

Read below to determine which option to choose for **“Do you want to apply for Health Insurance Premium Tax Credit, Cost-Sharing Reductions or Washington Apple Health?”** This selection has important implications for eligibility determination.

Select **“Yes”** if:

- The individual believes they are or want to check if they are eligible for tax credits, Apple Health programs

Select **“No”** if:

- The individual is not interested in seeing whether or not they are eligible for tax credits or Apple Health programs

Definitions:

- Health Insurance Premium Tax Credit or Advanced Premium Tax Credit also referred to as “tax credits”: tax credits are an advanceable, refundable tax credit designed to help eligible individuals and families with low or moderate income afford health insurance purchased through *Washington Healthplanfinder*.
 - Individuals will be able to see the tax credit applied to their monthly premium or as a lump sum credit on their taxes at the end of the year
 - Tax credits are available to adults and families that qualify based on FPL standards.

Cost Sharing Reductions: Cost-sharing reductions are a discount that lowers the amount you pay for deductibles, co-insurance, and co-payments and other out-of-pocket expenses (like lab tests and drugs). Individuals with income below 250% of

Screen Shot

Step-by-Step

the FPL and choose a silver plan may qualifying for Cost Sharing Reductions.
<https://www.wahbexchange.org/glossary/cost-sharing-reduction/>

- Washington Apple Health (Medicaid) or Apple Health: *Refers to Washington Apple Health for Adults and Families, pregnancy and children. To qualify for Washington Apple Health, an individual's income must fall below the current FPL standards.*

5 STEP

RACE

HISPANIC ORIGIN

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE?

YES
 NO

Yes, I have read the [Washington Healthplanfinder Privacy Policy](#)*

Select **Race** and **Hispanic Origin** (if applicable).

Select **Yes** or **No** to “**Are You an American Indian or Alaska Native?**”

Check that you have read the **Privacy Policy**.

Click **Next**. **KEY FIELDS**

Read below to determine who qualifies as an **American Indian or Alaska Native**:

To qualify as an American Indian, the individual must:

- Be enrolled as a member of a Federally recognized American Indian/Alaska Native Tribe, Rancheria, Pueblo or a Shareholder in an Alaska Native Corporation; or a Canadian-born Native American in the United States under the Jay Treaty and 50% or more blood quantum

If “Yes” is selected, the individual will:

- Be required to undergo the Tribal Verification process
- Be eligible for Cost Sharing Reductions for certain income levels. American Indians and Alaska Natives with an annual income of less than 300% of FPL will not have copays or other costs if they obtain insurance through *Washington Healthplanfinder*
- Incur No Costs for Using Indian Health Services: *There are no copays or deductibles for American Indians who receive health care services or receive a referral through Indian Health Services, Tribes, Tribal organizations, or Urban Indian organizations*

Screen Shot

Step-by-Step

- Are Eligible for Open Enrollment throughout the year (Open Enrollment does not close): *American Indians/Alaska Natives may enroll and/or change their health plan on a monthly basis*
- Receive No Federal Mandate: *An additional protection exempts AI/ANs from the federal mandate requiring all individuals to purchase minimum health care coverage*
 - To obtain exemption from the federal mandate, fill out this form

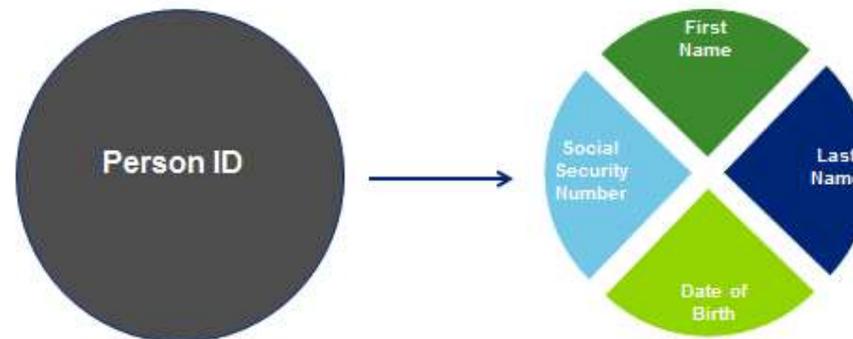
1.3. Person ID Matching

1.3.1. What is a Person ID?

Washington Healthplanfinder assigns each person in its system with a unique identifier. This identifier is called a **Person ID** in *Washington Healthplanfinder*.

A **Person ID** in *Washington Healthplanfinder* is a client's unique number in the *Washington Healthplanfinder* system.

NOTE: Navigators/brokers and customers do not have the ability to view their Person ID in *Washington Healthplanfinder*. Entering correct client information is important since the system uses it for all identification purposes.



1.3.2. When is a Person ID Created?

A person does not have to complete an application for a Person ID to be created and stored in the system.

1.3.2.1. For Primary Applicants

- The **Primary Applicant's Person ID** is created once the **Next** button is hit on the **About You** screen
- On this page, they have entered their first name, last name, date of birth, and SSN. Once the **Next** button is selected, *Washington Healthplanfinder* stores that information and uses it to create a unique Person ID that will always be associated with that first name, last name, date of birth, and SSN.
- Even if the customer never finished the rest of the application, they will have a Person ID in the system

About You * REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options.

FIRST NAME * M.I. LAST NAME * SUFFIX

Israel N Norton ▼

Notice:
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER * DATE OF BIRTH * ⓘ

XXXXXXXXXX 11/10/1975

SOCIAL SECURITY DISCLOSURE

SEX *

MALE

FEMALE

WHO ARE YOU APPLYING FOR? *

Myself and Others ▼

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH?

(NOTE: WASHINGTON APPLE HEALTH IS PUBLICLY FUNDED HEALTH INSURANCE PROVIDED THROUGH THE WASHINGTON STATE HEALTH CARE AUTHORITY). * ⓘ

YES

NO

RACE HISPANIC ORIGIN ⓘ

Thai
Unreported
Vietnamese
White Not Reported ▼

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? * ⓘ

YES

NO

Yes, I have read the Washington Healthplanfinder Privacy Policy* NEXT

Person ID Information

1.3.2.2. For Additional Household Members

- For **Additional Household Members**, each member's Person ID would be created on the **Add Household Member Screen**
- This is where First name/Last name/SSN/DOB are entered for each additional household member

The screenshot shows the 'Add Household Member' form. A red rectangular box highlights the following fields: FIRST NAME (Kimberly), MI (Eg. J), LAST NAME (Norton), SOCIAL SECURITY NUMBER (redacted), and DATE OF BIRTH (11/08/1974). A callout box labeled 'Person ID Matching Information' points to the redacted Social Security Number field. Other visible fields include SUFFIX (dropdown), SEX (radio buttons for MALE and FEMALE, with FEMALE selected), RACE (dropdown menu with options: Thai, Unreported, Vietnamese, White), IS THIS PERSON AN AMERICAN INDIAN OR ALASKA NATIVE? (radio buttons for YES and NO, with NO selected), and HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT? (dropdown menu with 'Deceased Spouse' selected).

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER? * YES NO

WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2013? * Married filing taxes join

WHO WAS THE PRIMARY TAX PAYER? * KIMBERLY NORTON KIMBERLY NORTON'S SPOUSE

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2013 FOR TAX YEAR 2014? * YES NO

WHAT WILL BE HIS OR HER TAX FILING STATUS FOR TAX YEAR 2014? * Single filing taxes

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2013 FOR TAX YEAR 2015? * YES NO

- The application information is stored and a Person ID is created in *Washington Healthplanfinder* after the customer selects **Save** or **Save & Add Another**

NOTE: The example screen shot below displays the field **Date of Death** since it was indicated earlier in this application that the individual is a **deceased spouse** of the primary applicant. This field only appears when the answer to **How is this person related to the primary applicant?** is **deceased spouse**

- In this situation, the question **Is this person applying for coverage or continuing existing coverage through Washington Healthplanfinder?** in the screen above is auto populated with **No**; however, the applicant may change the answer to **Yes** under certain circumstances (e.g. retroactive coverage is required, etc.). The question **Is this person living with the applicant** is hidden for the deceased spouse indication.

DATE OF DEATH *

1.3.3. Why is a Person ID Important?

- Person IDs are most important to keep all *Washington Healthplanfinder* users unique from each other. For instance, if customers have the same first and last name, this identifier helps the system differentiate who is who by also combining that information with the correct SSN and date of birth for each person.
- This is useful for account workers who need to perform a “User Search” on a customer. By searching by the customer’s Person ID, they can ensure they pull up the correct account and do not have to sift through other customers that appear in a user search that have some similar information, such as a same last name.

1.3.4. What is Person ID Matching?

There are two types of Person ID Matches:

- **Exact Person ID Match** – when all 4 components of a Person ID exactly match on more than 1 application (First name/Last name/DOB/SSN exactly match on two separate applications)
- **Partial Person ID Match** – when some of the four components of a Person ID match on more than one application

If either an exact or partial Person ID match occurs, there are certain system responses which will occur, often asking the customer to take a specific action. If a customer contacts the Customer Support Center regarding a Person ID error, the account worker will be prompted by the system to perform a Person ID match for the existing person before the customer can proceed with the application.

1.3.4.1. Customer Action Step – Exact Person ID Match

When the First name/Last name/DOB/SSN (all 4 components that make up a Person ID) is an exact match to an already existing Person ID in the system, *Washington Healthplanfinder* will send the customer to an Identity Proofing Screen.

Because there was an EXACT match, the system is trying to understand if the person creating the application is the same person who already exists in the system.

Confirm Your Identity

Before we move forward, please answer the following questions so that we may verify your identity. If you are unable to answer these questions it will not prevent you from proceeding with the application. However, we may not be able to access information from our automated data sources to expedite your application. ⓘ

You may have opened an auto loan or auto lease in or around October 2012. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'. *

\$395 - \$494

\$495 - \$594

\$595 - \$694

\$695 - \$794

None of the above/does not apply

Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'. *

2

3

4

5

None of the above

- **Customer with an Account:**
 - **If the customer answers Confirm Identity Questions Correctly:** Taken to existing customer dashboard and linked with their existing Person ID
 - **If the customer answers Confirm Identity Questions Incorrectly:** They will be required to start a new application and a new Person ID will be created
- **Customer without an Application (Previously applied without creating an account):**
 - **If the customer answers Confirm Identity Questions Correctly:** Allowed to continue with the rest of their application and linked with existing Person ID

- **If the customer answers Confirm Identity Questions Incorrectly:** Required to start a new application and a new Person ID will be created

NOTE: The answers to these questions do not effect the generation of your Person ID.

1.3.4.2. Customer Action Step - Partial Person ID Match

1.3.4.2.1. Primary Applicant

- There are a variety of common scenarios in which partial matches are triggered with *Washington Healthplanfinder*. They may or may not be actual matches. Below is a listing of the potential scenarios that would or would not trigger a partial match:

NOTE: A “fuzzy” match means the first name or last name trigger a partial match due to similarity in spelling, *i.e.* *O’Malley vs Omalley*

SSN exists on 1st Application	SSN exists on 2nd Application	SSN match	FN match	LN match	DOB match	Partial Match Invoked	PID Created
Y	Y	Y	Fuzzy	Y	Y	Y	N/A
Y	Y	Y	N	Y	Y	Y	N/A
Y	Y	Y	Y	N	Y	Y	N/A
Y	Y	Y	Y	Fuzzy	Y	Y	N/A
Y	Y	Y	Fuzzy	Fuzzy	Y	Y	N/A
Y	Y	Y	Y	Y	N	Y	N/A
Y	Y	Y	Fuzzy	Y	N	Y	N/A
Y	Y	Y	Y	Fuzzy	N	Y	N/A
Y	Y	Y	Fuzzy	Fuzzy	N	Y	N/A
N	Y	N/A	Y	Y	Y	Y	N/A
N	Y	N/A	Fuzzy	Y	Y	Y	N/A
N	Y	N/A	Y	Fuzzy	Y	Y	N/A
Y	N	N/A	Y	Y	Y	Y	N/A

SSN exists on 1st Application	SSN exists on 2nd Application	SSN match	FN match	LN match	DOB match	Partial Match Invoked	PID Created
Y	N	N/A	Fuzzy	Y	Y	Y	N/A
Y	N	N/A	Y	Fuzzy	Y	Y	N/A
Y	Y	N	Y	Y	Y	Y	N/A
Y	Y	N	Fuzzy	Y	Y	Y	N/A
Y	Y	N	Y	Fuzzy	Y	Y	N/A
Y	Y	Y	N	N	N	Y	N/A
Y	Y	Y	N	N	Y	Y	N/A
Y	Y	Y	Y	N	N	Y	N/A
Y	Y	Y	N	Y	N	Y	N/A
Y	Y	Y	Y	Y	Y	N	SAME PID
N	Y	N/A	N	Y	Y	N	NEW PID
N	Y	N/A	Y	N	Y	N	NEW PID
N	Y	N/A	Y	Y	N	N	NEW PID
N	Y	N/A	Fuzzy	Y	N	N	NEW PID
N	Y	N/A	Y	Fuzzy	N	N	NEW PID
N	Y	N/A	Fuzzy	Fuzzy	N	N	NEW PID
N	Y	N/A	Fuzzy	Fuzzy	Y	N	NEW PID
Y	N	N/A	N	Y	Y	N	NEW PID

SSN exists on 1st Application	SSN exists on 2nd Application	SSN match	FN match	LN match	DOB match	Partial Match Invoked	PID Created
Y	N	N/A	Y	N	Y	N	NEW PID
Y	N	N/A	Y	Y	N	N	NEW PID
Y	N	N/A	Fuzzy	Fuzzy	N	N	NEW PID
Y	N	N/A	Fuzzy	Fuzzy	Y	N	NEW PID

- If the partial match is triggered, the customer will be required to call the customer support center. Refer to section 1.3.4.3 to see the error pop-ups that will appear.

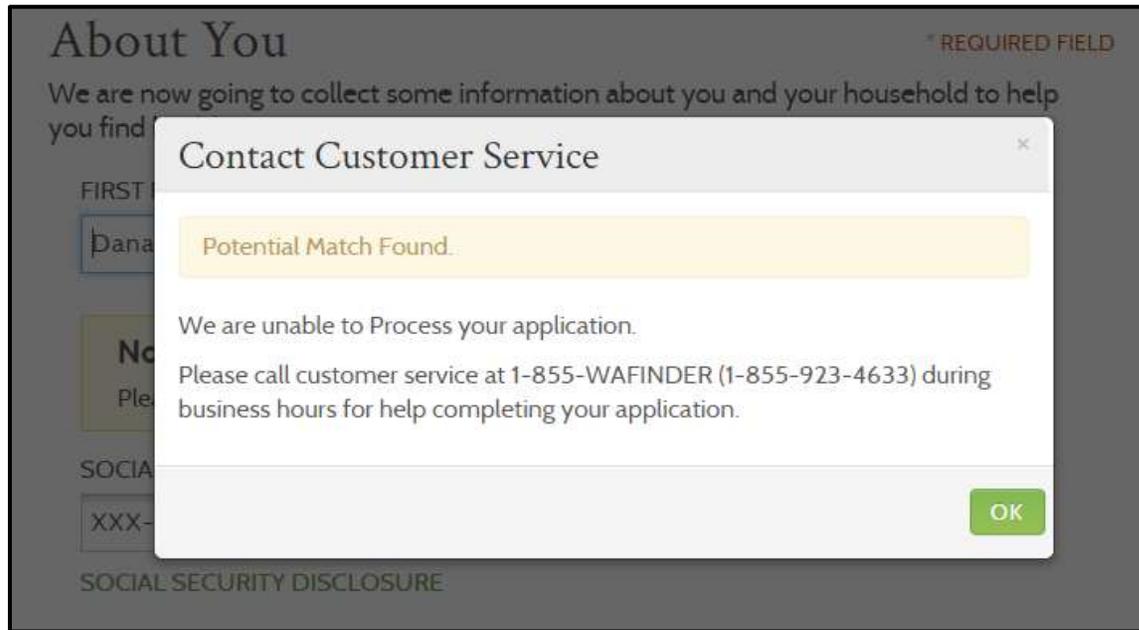
NOTE: Partial matches are not triggered if an application was discarded and never submitted

1.3.4.2.2. Additional Household Member(s)

- Similar to the Primary applicant, *Washington Healthplanfinder* will recognize the same partial Person ID matching scenarios for additional household members, except in the case of a discarded application
- In the case of triggering a partial match, the customer will be required to call the customer support center

1.3.4.3. Partial Person ID Matching Error Pop-ups

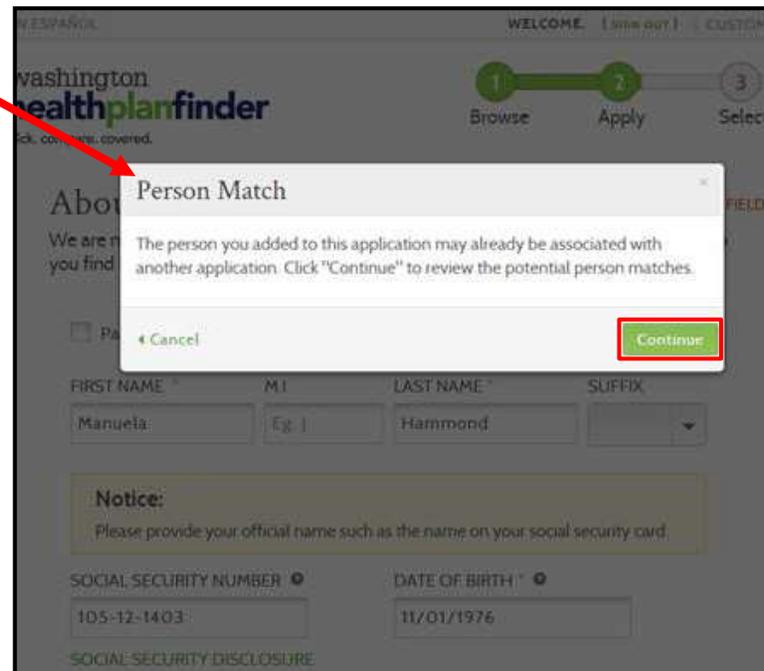
For customers who experience a “Partial Match” either after the **About You** or **Additional Household Members** screen the following error modal will appear, asking the customer to call the Customer Support Center.



 **NOTE:** Refer to the **Call Center Troubleshooting Desk Aid** on how to work through this modal, if received. Use **Ctrl + F** and search *Person ID Matching*. All troubleshooting tips related to Person ID Matching will be highlighted within the **Call Center Troubleshooting Desk Aid**.

1.3.4.4 Partial Person ID Match Process

If a customer contacts support regarding a Partial Person ID match, then the account worker will begin at the Person Match modal when adding the person match to either a new or existing application. The purpose of the Person Match modal is to indicate there may be a potential match. This will alert the account worker that there is a possibility of selecting the same Person ID for multiple people,



- If the customer is adding an individual to an **existing application**, this modal will pop up during the **Add Household Member** screen if there is a partial match.
- If the customer is creating a **new application**, this modal will pop up on the **About You** page if there is a partial match.

After selecting **Continue**, the account worker will be navigated to the Review Person Matches Page. This page guides account workers with specific instructions to review the options and selections for the individual.

- The Potential Person Matches will list all potential person matches and each individual's demographic information
- The items displayed in red do not match the demographic information for the person that is being added

- Partial matches will be sorted by those with SSN matches at the top
- After reviewing the list of potential person matches, an account worker can select either **Continue with Person Selected** or **No Matches Found**

Review Person Matches

The individual(s) listed below are possible person matches. Please review the options below:

Person found: Select the button next to the name and 'Continue with Person Selected'

Person NOT found: Select 'No Matches found'

Person You Attempted to Add to the Application:

Name	Date of Birth	Social Security Number	Address
Tom Cruiser	10/10/1988	610517699	

Potential Person Matches

	Name	Household Role	Date of Birth	Social Security Number	Person ID	Application ID	Enrolled Status	Address	View More
<input type="radio"/>	Thomas Cruiser	Primary Applicant	[REDACTED]	[REDACTED]	70844	56107	N/A	N/A	
<input type="radio"/>	Tom Cruiser	Primary Applicant	[REDACTED]	[REDACTED]	70826	56069	Select Plan	[REDACTED]	
<input type="radio"/>	Tom Cruiser	Primary Applicant	[REDACTED]	[REDACTED]	70845	56108	N/A	N/A	

Note: Items in red do not match the demographic information for the person you are attempting to add

3 Items Found



1.3.4.4.1 Confirm Person Matching

If the account worker selects **Continue with Person Selected**, then the Confirm Person modal will appear. This page provides account workers with additional guidance and alerts on whether they want to confirm that selection. The information details on the member that is being added and the selection will be shown side by side.

Confirm Person

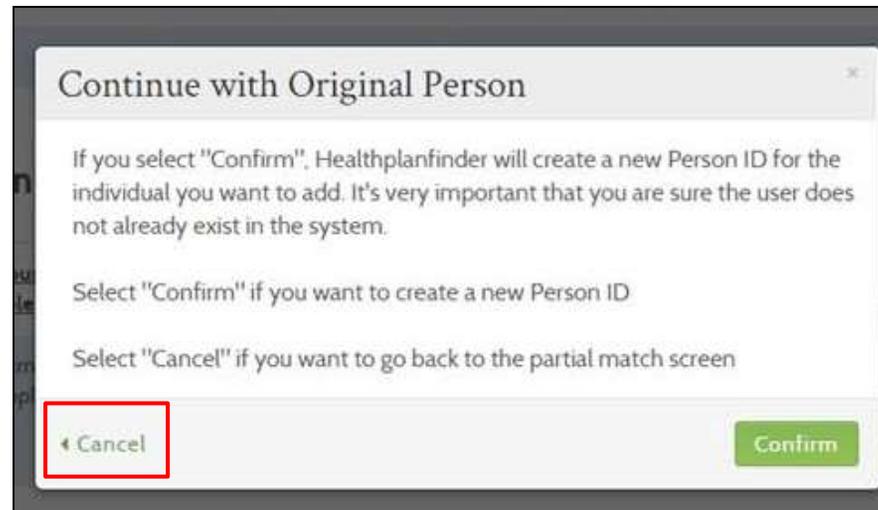
Clicking "Confirm" will add the person below to the application. Select "Confirm" ONLY if you are sure this is the correct person you want to add to this application.

	Person you attempted to Add	Person you have selected
Last Name, First Name, MI suffix	Hammond, Manuela	Hammond, Manuel
Date of birth	██████████	██████████
SSN	██████████	██████████
SSN Verification Status		SSN - Verified

◀ Cancel Confirm

- If the Person Match is correct, the account worker will select **Confirm** and the person will be added to the application.
NOTE: Once the person match is confirmed, demographic information will no longer be editable on the **About You** page.

If the account worker selects **No Matches Found**, the Confirm Person modal will appear. Detailed information on this modal will explain that clicking Confirm automatically creates a new Person ID for person being added to the application.



- Selecting **Cancel** will take the account worker back to the Review Person Matches screen.
- If a partial match is detected but the account worker chooses to create a new Person ID, the account worker will then be navigated back to the **About Your Household** page or **Edit Household Member** page, depending on whether this is a new or existing application.
 - Upon selecting the **Edit** button an **Edit Household Member** page with all fields enabled will be launched (and pre-populated with all information prior to the partial match being detected).

1.3.4.4.2 Editing Existing Customer Information on About You Page

If an Account Worker creates or starts a new application from the dashboard of an existing customer, demographic information will be pre-populated on the **About You** page. Demographic information cannot be edited on the **About You** page for both a Primary Applicant or a non-Primary Applicant, if the customer has an existing Person ID match in the system.

About You * REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

Paper application submitted ? SUBMITTED DATE ?

FIRST NAME * M.I LAST NAME * SUFFIX

Notice:
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER ? DATE OF BIRTH * ?

SOCIAL SECURITY DISCLOSURE

SEX *
 MALE
 FEMALE

- The fields that cannot be edited will be grayed out.

1.4. Skip Account Creation Implications

When a customer applies for coverage on *Washington Healthplanfinder* without creating an account.

The applicant has decided to apply without creating an account when **Skip Account Creation** is selected as shown below. Only Apple Health recipients should skip account creation.

The screenshot displays a web form for account creation. At the top, a section titled "Security Questions" contains three identical question blocks. Each block includes a dropdown menu for selecting a question, a text input field for the answer, and a note that the answer must be at least 5 characters long. Below the security questions is a "Go Paperless" section with a checkbox for receiving email notifications. This is followed by a "Terms and Conditions of Use" section with a checkbox for accepting the terms. A "Note" box at the bottom states that account creation may take several seconds. At the very bottom, there are three buttons: "Back", "Skip Account Creation" (which is highlighted with a red box), and "Create Account" with a right-pointing arrow.

Who can use *Washington Healthplanfinder* without an account?

	Who is able to:	Who is unable to:
Initiate Application Without Account Creation	<ul style="list-style-type: none"> Customer applying for free and low-cost health insurance programs 	<ul style="list-style-type: none"> Qualified health/dental plan
Receive Coverage/Enrollment	<ul style="list-style-type: none"> Apple Health-eligible customers 	<ul style="list-style-type: none"> Tax credit eligible customers Qualified health/dental plan eligible customers

Customers who apply for free and low-cost health insurance programs **and** are determined eligible for Washington Apple Health programs are able to **Skip Account Creation**

- Only Apple Health eligible customers should skip account creation
- **Although an individual who continues without account creation does not have an account associated with their application,** as long as they have completed the **About You** page, *Washington Healthplanfinder* stores **their Person ID information**, and associates it with their application
- This is important because if the customer tries to create another application, there will be no account in the system, but **an exact or partial Person ID match will occur if the same information (First name/Last name/DOB and/or SSN) already existing in *Washington Healthplanfinder* is entered**
- **When working with Apple Health applicants,** it is always a good idea to do a “User Search” by the customer’s SSN or First name/Last name/DOB to see if they already exist in the system before proceeding to a new application

1.4.1. Helpful Tips During Application Process

- As soon as a customer completes the **About You** screen (**enters First name/Last name/DOB/SSN**) and selects **Next**, a unique Person ID will be created. This Person ID can never be changed and the SSN entered can never be used again on a new application, without causing a Person ID Match error modal.
- Caution customers to only enter their information if they are absolutely sure it is accurate
- Additionally, if a customer asks for your assistance with an application, **ALWAYS** ask if they have ever attempted to create an application previously
 - A customer may assume that if they only filled out a few pages of the application, they have never “completed” an application
 - However, as indicated, only the **About You** screen needs to be completed for a Person ID to exist already. If they got as far as the **Additional Household Members** screen, they could have also created Person IDs for their other household members.

Action Steps:

- If the customer got as far as the **About You** page and a Partial ID Match occurs, they will be prompted to contact the Customer Support Center. For these cases, the account worker should perform a **User Search** to find the customer in the system and then begin the application at the Person Match modal. The modal will be located on either the **About You** page for new applications, or the **Add Household Member** page for existing applications.
- **If the customer is unsure**, you can ask questions such as: “Did you enter your social security number on the application you attempted to create?”

2. Application Flow: Qualified health plan (New Applications)

Who has access to this chapter?



- Exchange Operations
- Customer Support Center Representative
- Broker
- Navigator
- Health Care Authority Community Partner
- Health Care Authority Eligibility Worker
- Tribal Assister
- Certified Application Counselor

Chapter Contents

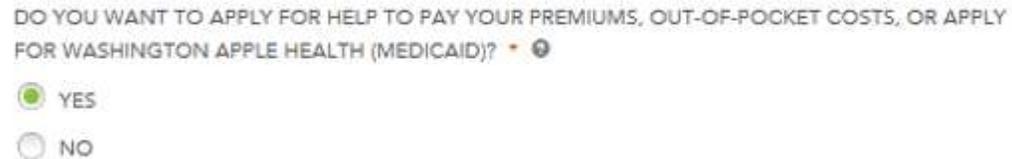


- 2.1 Introduction
- 2.2 Application flow for new Qualified health plan applications

2.1. Introduction

This chapter will cover the application flow for a customer who only wants to apply for a Qualified health plan with the option to also select a Qualified dental plan.

On the customer's initial application, the **About You** screen asks the question below:



DO YOU WANT TO APPLY FOR HELP TO PAY YOUR PREMIUMS, OUT-OF-POCKET COSTS, OR APPLY FOR WASHINGTON APPLE HEALTH (MEDICAID)?

YES

NO

If the customer selects **Yes**, they are given the application flow that requires Income and Tax Filing Status questions that will be used to determine eligibility for tax credits or Washington Apple Health (Medicaid).

If the customer selects **No**, they are not be required to provide income and tax filing information and are indicating they would only like to apply for a Qualified health plan.

This chapter is focused on the application flow for the following customers:

- New customers who select “No” to the above question and **ONLY** want a Qualified health and dental plan *or*
- Existing Apple Health or tax credit customers who choose to forgo their Apple Health or Qualified health plan with tax credits eligibility in order to switch to Qualified health plan without tax credits.

Special note – this application flow assumes a customer has already created an account prior to starting their application.

2.2. Application Flow for New Qualified health plan Applications

2.2.1. About You

Screen Shot

Key Fields

HOME | EN ESPAÑOL WELCOME, JANEJOLLY | Feedback | CUSTOMER SUPPORT



1 Browse 2 Apply 3 Select 4 Finalize

About You * REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options.

FIRST NAME * M.I. LAST NAME * SUFFIX

Notice:
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER * DATE OF BIRTH *

SOCIAL SECURITY DISCLOSURE

SEX *

MALE

FEMALE

WHO ARE YOU APPLYING FOR? *

DO YOU WANT TO APPLY FOR HELP TO PAY YOUR PREMIUMS, OUT-OF-POCKET COSTS, OR APPLY FOR WASHINGTON APPLE HEALTH (MEDICAID)? *

YES

NO

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? *

YES

NO

Yes, I have read the Washington Healthplanfinder Privacy Policy *

 **KEY FIELDS**

- For detailed information regarding key fields of this screen, see Chapter 1: **Tips for Application Processing/About You/Person ID Matching**

2.2.2. Primary Applicant's Information

Screen Shot | Key Fields

 KEY FIELDS

In this section of the application, the Primary Applicant will enter the **home and mailing address** for their household.

If a household has a separate mailing address then they can enter it here. If a customer inputs a mailing address, this is where the household will receive **correspondence** from *Washington Healthplanfinder* regarding their coverage.

Customer has the option to select **I don't have a home address** if they are homeless

If a customer identifies **I don't have a mailing address** they will be provided General Delivery options through USPS

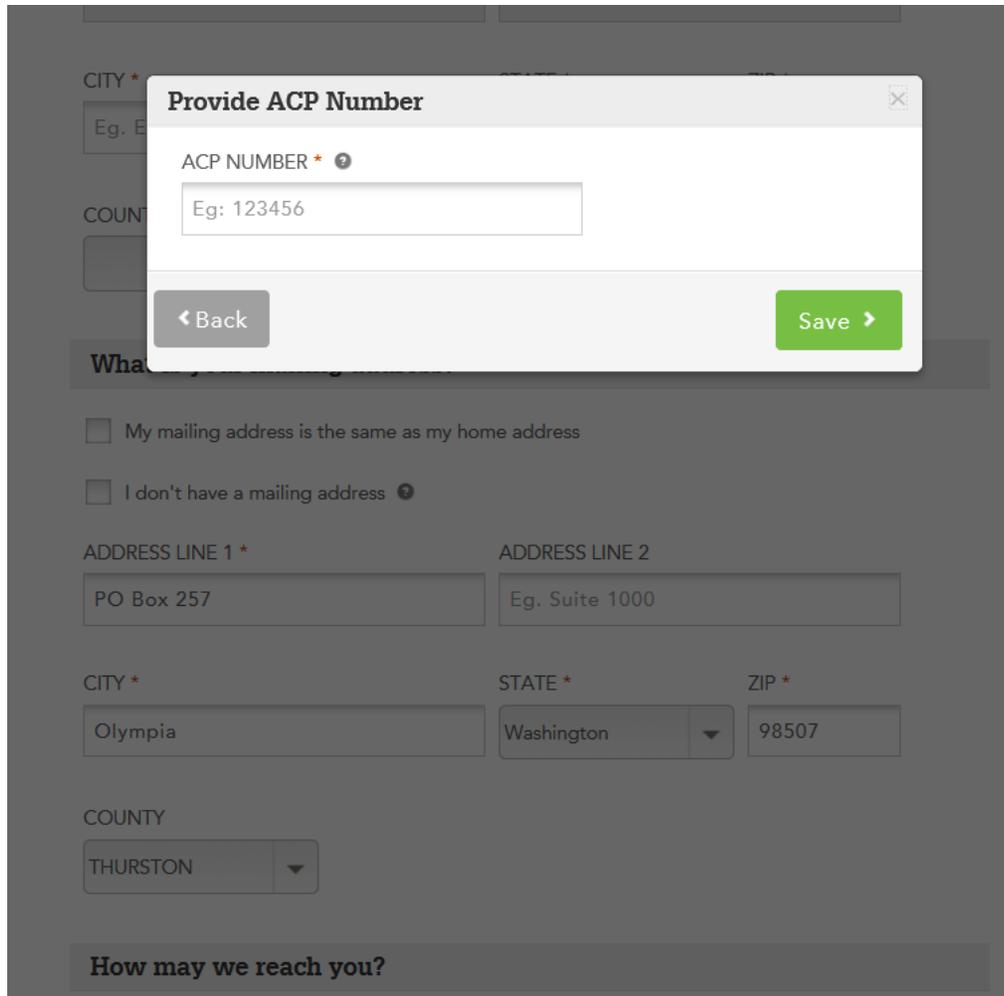
Screen Shot

Key Fields

Screen Shot

Key Fields

 **KEY FIELDS**



Provide ACP Number

ACP NUMBER * ⓘ

Eg: 123456

◀ Back Save ▶

CITY *
Eg. E

COUNTY

What

My mailing address is the same as my home address

I don't have a mailing address ⓘ

ADDRESS LINE 1 * ADDRESS LINE 2

PO Box 257 Eg. Suite 1000

CITY * STATE * ZIP *

Olympia Washington 98507

COUNTY

THURSTON

How may we reach you?

For Customer's Enrolled in the Address Confidentiality Program:

- Customers who are enrolled in Washington's Address Confidentiality Program (also known as Postal Mailbox) will enter the following address in the home address fields: in place of their actual home address

Address: PO Box 257
 City: Olympia
 State: Washington
 Zip Code: 98507

- After inputting the address information and zip code, the pop-up shown on the left will appear. Each Address Confidentiality Program household will have a unique Address Confidentiality Program number that the Primary Applicant will input into this pop-up and press save.
- After pressing **Save**, the Primary Applicant will continue filling out the rest of the application.

Application note – the Customer Support Representative should inform the customer that they will be able to indicate which county they want coverage for on the Signature page at the end of the application.

Screen Shot

Key Fields

How may we reach you?

We will only use this contact information to reach you regarding your account and will only share it for official uses by health insurance carriers.

PHONE NUMBER	PHONE TYPE
<input type="text" value="(123) 456-7989"/>	<input type="text" value="Cell Phone"/>
ALTERNATE PHONE NUMBER	ALTERNATE PHONE TYPE
<input type="text" value="Eg. 123-456-7890"/>	<input type="text" value="-Select an Option-"/>

 **KEY FIELDS**

The Primary Applicant will provide a contact phone number, if *Washington Healthplanfinder* ever needs to reach them.

CAN YOU READ ENGLISH? *

- YES
- NO

DO YOU NEED YOUR NOTICES TRANSLATED? *

- YES
- NO

IN WHAT LANGUAGE DO YOU NEED DOCUMENTS TRANSLATED? *

CAN YOU SPEAK ENGLISH? *

- YES
- NO

 **KEY FIELDS**

Washington Healthplanfinder supports eight languages and offers translation services for each of its supported languages.

8 Supported Languages: Spanish, Cambodian, Chinese, Korean, Laotian, Russian, Vietnamese, Somali

If customers need correspondence/documents translated in one of the eight supported languages, they can indicate this here.

Customers who do not speak English can also be provided a translator upon request as long as that language is within the 8 supported

As you type the Language you needs the system will start to filter all languages that match what is being typed

Screen Shot

Key Fields

 **KEY FIELDS**

Authorized Representative

 I have an Authorized Representative 

FIRST NAME *

Lane

LAST NAME *

Kelly

ADDRESS LINE 1 *

8945 Frederick Ave

ADDRESS LINE 2

E.g. Suite 1000

CITY *

Tumwater

STATE *

Washington

ZIP *

98512

EMAIL

lakelly@helping.net

 I want my authorized representative to receive duplicate copies of my notification.

[← Back](#)
[Finish Later](#)
[Next >](#)

An **Authorized Representative (AREP)** is a person or organization that is authorized by an applicant or recipient to act on behalf of them. They must be an adult and must be someone outside of the household.

The following methods are allowed for the designation of an AREP

- Signature submitted through the *Washington Healthplanfinder* that are recorded over the phone
- Signatures submitted through the Health Care Authority over the phone
- Applications, renewals, and changes submitted through the *Washington Healthplanfinder*
- Handwritten signatures transmitted by fax or other electronic transmissions

An AREP has the ability to:

- Sign an application on the applicants behalf
- Complete and submit a renewal form
- Receive copies of the applicant or beneficiary's notices and other communications from the agency
- Act on behalf of the applicant or beneficiary in all eligibility matters with the agency

For example:

- A 19-year-old child who needs their own application for Medicaid may have one of their parents serve as an authorized representative.
- Only after the 19 year old has designated their parent as an authorized representative, can the parent make decisions or represent the child within *Washington Healthplanfinder* or over the phone with a Customer Support Center Representative.

Other common examples:

- Elderly adult has their adult child listed as an Authorized Representative

Screen Shot

Key Fields

- Spouse of Primary Applicant listed as Authorized representative

Application note – an Authorized Representative **is NOT** a navigator or broker. This is not the same thing as establishing a partnership with a customer. An Authorized Representative can submit a partial application on behalf of a customer.

 **KEY FIELDS**

The **Please confirm the address you entered** modal may appear. If there are addresses similar to the address entered *Washington Healthplanfinder* may make suggestions to confirm that the correct address was entered.

Select the radio button next to the correct address in the **Primary Applicant's Physical Address** and **Primary Applicant's Mailing Address**.

Select **Next**

Application tip – this will happen for the **Primary Applicant's Home Address** and the **Primary Applicant's Mailing Address**.

2.2.3. Confirm Your Identity

Screen Shot	Key Fields
-------------	------------

ID Proofing Error Modal:

KEY FIELDS

If the Experian/ID Proofing service is called and information about the Primary Applicant is found then the Primary Applicant will be asked a series of questions – **Confirm Your Identity**.

The customer will answer the questions and those responses are passed to **the Federal Data Hub Services** to be verified.

If the Confirm Identity Screen is Verified by the Federal Hub:

- The customer will proceed with the remainder of the application

If the Confirm Identity Screen is NOT Verified by the Federal Hub:

- The customer will receive an error modal to call the Customer Support Center. The customer is not able to move forward without manual verification by a Customer Support Center Representative or broker/navigator.

NOTE: The customer could also receive this error because they do not have a credit history and therefore the Experian Data services could not run their information.

Navigators should contact their Lead Organization if they receive a ID Proofing error.

For brokers & navigators please reference the Support Network Training Page: **Resources – Manual ID Proofing Applications instructions posted.**

Exchange/Call center account workers, brokers and navigators can manually ID proof from within the customer’s account when working through their application

2.2.4. Do You Have Other Household Members or Tax Dependents?

Screen Shot

HOME | EN ESPAÑOL WELCOME, JANE JOLLY (SIGN OUT) | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

Do you have other household members or tax dependents?

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Jane Jolly	Edit	Remove
Jane Jolly	Female		10/31/1990	Yes	N/A		

Add Individual

Back Finish Later Next

Step-by-Step

Once on the **Do You Have Other Household Members or Tax Dependents?** screen, the Primary Applicant has the opportunity to add personal details for all other members and tax dependents in their household. All household and tax dependents should be added, even if they do not need health care coverage.

Tax Filing Household can include the following relationships:

- Parent
- Legal guardianship
- Other relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grandchild
- Sibling
- Grandparent
- Step parent
- Step child

When first accessing this screen, the only household member listed will be the Primary Applicant.

To add additional household members, select **Add Individual** and the **Add Household Member** modal appears.

Screen Shot

Step-by-Step

 **KEY FIELDS**

The screenshot to the left is an example of the Add Household Member modal, which appears when you add a member to the household.

The **Add Household Member** modal will ask a series of questions about the household member or tax dependents that are important in determining the coverage options available to the household.

 **KEY FIELDS**

Q: First name, Middle Initial, Last Name, and Suffix

First Name:

- Full first name is required
- Minimum entry is two characters, maximum entry is 20 characters
- Numbers are not permitted

Last Name:

- Full last name is required
- Minimum entry is two characters, maximum entry is 20 characters
- Apostrophes and Hyphens are the only special characters permitted:
 - Hyphens: If someone has two last names/surnames split them with a hyphen (e.g., Smith-Jones)

Screen Shot

Step-by-Step

- Apostrophes: Limited to last names which start with D, L, and O (e.g., O'Donnell)

- Numbers are not permitted

Middle Initial:

- A middle initial should be entered, if possible
- Spaces and special characters within the middle name are not permitted

Leave entire field blank if there is no middle name. Do NOT put X, N/A, or NMN

Suffix:

- If applicable, the following suffixes are available in the dropdown menu:
 - Jr
 - II
 - III
 - IV
 - V
 - VI
-

Screen Shot

Step-by-Step

SOCIAL SECURITY NUMBER ⓘ

XXX-XX-4152

DATE OF BIRTH * ⓘ

02/06/1980

SEX *

MALE FEMALE



Q: Social Security Number

Enter the individual's Social Security Number

Q: Date of birth

Enter the individual's date of birth, using the format MM/DD/YYYY

Q: Sex

Select 'male' or 'female' for the individual's sex

RACE

Select an Option
 American Indian/Alaska Native
 Asian Indian
 Black/African American

HISPANIC ORIGIN ⓘ

Not Reported



Q: Race & Hispanic Origin

Identify the customers race and Hispanic origin

Hispanic Origin dropdown offers:

- Cuban
- Mexican/Mexican-American/Chicano
- Not Reported
- Not Spanish/Hispanic
- Other Spanish/Hispanic
- Puerto Rican

HISPANIC ORIGIN ⓘ

-Select an Option-
 Cuban
 Mexican/Mexican-American/Chicano
Not Reported
 Not Spanish/Hispanic
 Other Spanish/Hispanic
 Puerto Rican

Q: Is this person an American Indian or Alaska Native?

If the customer identifies their race as American Indian/Alaska Native the question **Is this person an American Indian or Alaska Native** will auto answer **Yes**

If the customer chooses **Yes** to **Is this person an American Indian or Alaskan Native**, then further questions and screens will appear, outlined below

Screen Shot

Step-by-Step

Washington Healthplanfinder uses the annual Federal Tribal Register announcement that lists all of the federally recognized Tribes and Alaska Native Villages

In order to qualify for Qualified health plans and American Indian and Alaska Native benefits in *Washington Healthplanfinder*:

- The customer **must be a member of a federally-recognized tribe, band, Pueblo, Rancheria**, or must be a shareholder in an Alaska Native regional or village corporation; or a Canadian-born Native American in the United States under the Jay Treaty and 50% or more blood quantum
- The customer's tribe, band, Pueblo, Rancheria, or Alaska Native regional or village corporation **must be listed in the annual Federal Register announcement**
- The customer must **fill out the appropriate fields in his/her application** within *Washington Healthplanfinder*
- The customer must submit proper tribal status documentation to verify that he/she is a member of the tribe, band, Pueblo, Rancheria, or Alaska Native regional or village corporation listed on his/her application; or a Canadian birth certificate and First Nation (tribal) certification of 50% or more blood quantum

Customers who are verified as American Indian and Alaska Native will be eligible for additional benefits within *Washington Healthplanfinder*

Tribal Benefits within *Washington Healthplanfinder* include:

- Cost-sharing reductions for certain income levels
 - Cost sharing reductions lower the amount of health care costs paid at the time one gets health care, such as going to the doctor
 - American Indian and Alaska Native (both individuals and families) with certain household incomes will not have copays or other costs if they obtain insurance through *Washington Healthplanfinder*
 - Cost sharing reductions are dependent upon purchasing a Silver Level tier plan. Customers may have Cost

Screen Shot

Step-by-Step

sharing reductions when they purchase a Bronze level plan

- No costs for using Indian Health Services
 - There are no copays or deductibles for American Indians who receive health care services or receive a referral through Indian Health Services, tribes, tribal organizations, or urban Indian organizations
- Special open enrollment periods
 - American Indians may change their health plan on a monthly basis, if they desire
- No federal mandate
 - An additional protection exempts American Indians and Alaska Natives from the federal mandate requiring all individuals to purchase minimum health care coverage
- Select **YES** if individual is an American Indian or Alaska Native, as defined above.
- Select **NO** if the individual is not an American Indian or Alaska Native, as defined above.

HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT ? *

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER ? *

WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2016? *

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2016 FOR TAX YEAR 2017? *

Select an Option:

- Parent
- Legal Guardianship
- Other Relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grand Child
- Sibling
- Grand Parent
- Step Parent
- Step Child

 **KEY FIELDS**

Q: What is the relationship between this person and <Primary Applicant Name>?

This is a relationship question between the new household member and the Primary Applicant. Select from the dropdown menu the appropriate relationship title. If the relationship is not listed, select "Unrelated."

- Parent
- Legal guardianship
- Other relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner

Screen Shot

Step-by-Step

- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grandchild
- Sibling
- Grandparent
- Step parent
- Step child

NOTE: New customers whose spouse passed away during the year can still claim tax filing status of “married filing jointly” for the remainder of the year. In this situation, the customer should add his/her spouse to the application and set the Household Relationship status as “deceased spouse.”

By selecting “deceased spouse” on the relationship field of the “Do you have other household members or tax dependents?” screen, the system will automatically adjust the application to “not seeking coverage” for the individual and will sync with technical business rules in the backend to prevent system errors related to mismatched tax filing status.

The “Is this person applying for coverage?” question will be auto selected to No (but the customer can still change it to Yes).

 **KEY FIELDS**

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER ? * YES NO

WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2016? *

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2016 FOR TAX YEAR 2017? * YES NO

IS THIS PERSON LIVING WITH THE PRIMARY APPLICANT ? * YES NO

Q: Is this person applying for coverage or continuing existing coverage through Washington Healthplanfinder?

Customer will indicate if the household member is seeking coverage or not.

Q: What was the tax filing status of this person in Tax Year <current>?

Customer will indicate the tax filing status for the household member.

Screen Shot

IS THIS PERSON LIVING WITH THE PRIMARY APPLICANT? *

 YES NO

ADDRESS LINE 1 *

Eg. 1234 Main Street

ADDRESS LINE 2

Eg. Suite 1000

CITY *

Eg. Seattle

STATE *

Washington

ZIP *

Eg. 98501

COUNTY

Step-by-Step

Q: Is this person planning to have the same tax filing status as that of <current year> for <next year>?

Customer will indicate if their tax filing status will be the same for the next year as it is for the current year.

Q: Is this person living with the primary applicant?

Customer will identify if the person is living with the Primary Applicant. If they are not living with the primary applicant they may be asked to provide an address of where the household member is living.

If the household member is not living in the household an address will be required.

If the household member is not living in the household **and** not seeking coverage, than the address will **not** be requested.

Screen Shot

Step-by-Step



KEY FIELDS

Do you have other household members or tax dependents?

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Jane Jolly	Edit	Remove
Jane Jolly	Female		10/31/1990	Yes	N/A		
Mike Jolly	Male		05/15/1990	Yes	Yes		

Add Individual

← Back

Finish Later Next >

The screenshot to the left is an example of what the **Do You Have Other Household Members or Tax Dependents?** screen will look like when completed.

If the customer needs to, at any time, make changes to the details of individuals in the household, individual details are edited by selecting the **green pencil** icon under the **edit** column.

A person living outside of the country may be added if:

- The dependent is not claimed by another taxpayer
- The dependent earns less than the personal exemption amount during the year
- The taxpayer provides more than half of the dependent's total support during the year
- The dependent must be a citizen or resident alien of the United States, Canada, or Mexico
- The dependent meets the relationship test

Application tip – If the **Finish Later** button is selected during the application flow users are prompted to confirm they want to “finish later”. When confirmed users are routed to the account home dashboard.

Screen Shot

Remove Shirley Hernandez

REASON FOR REMOVAL *

Death

DATE OF DEATH *

03/17/2015

You have indicated that you are removing this individual because they have passed away. Our records show that this person had a tax filing status of "Married Filing Jointly."

If the surviving spouse will continue to file their taxes as "Married filing jointly" for the current year, you must leave this person on the application. Please update their relationship to "deceased spouse" and answer all additional questions.

Cancel Next

Step-by-Step

Application note – For existing customers whose spouse passed away during the year can still claim tax filing status of "**married filing jointly**" for the remainder of the year. In this situation, the applicant should leave their spouse on the application and change his/her spouse's Household Relationship status as "deceased spouse."

If a Primary Applicant removes his/her spouse due to reason other than Death (e.g., Divorce), then he/she cannot claim **Married Filing Jointly**. The reason for removal pop-up will also instruct the user to change their relationship to "Unrelated."

After a Primary Applicant has successfully submitted an application with a relationship "Deceased Spouse," only an Account Worker will be able to change that relationship on future physical applications. The "Deceased Spouse" will remain on all future physical applications until removed.

The Reason for Removal modal will not be invoked when removing the "Deceased Spouse" during a Change Report and the previously inputted reason "Death" and Date of Death will be used.

2.2.5. American Indian/Alaska Native Screens

Screen Shot Key Fields



KEY FIELDS

If the customer identifies that they are **American Indian/Alaska Native**, the following screen will appear during the Qualified health plan application flow.

On the **Tribal Membership** screen, the customer will have an opportunity to answer **Is this person a member of a federally recognized Tribe, Band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation?** for each and every customer in their household.

Answer **Yes** to the question **Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in Alaska Native Regional or village corporation**

Select **Search** next to **Which Tribe?**

In the **Search Tribe Name** field search by key words for tribe customer belongs to

Once identified select **green hyperlink** of tribe name to add to that individuals Tribal Membership field

If the customer cannot find their Tribe on the list they may not be using the name exactly as it is on the list released annually by the Bureau of Indian Affairs through the U.S. Federal Register. They may refer to the Federal Register listing at:
<https://www.federalregister.gov/articles/2013/05/06/2013-10649/indian-entities-recognized-and-eligible-to-receive-services-from-the-united-states-bureau-of-indian>

Tribal Membership * REQUIRED FIELD

John Heathy

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? YES NO

Which Tribe? *

Search Tribe Name

TRIBE NAME:

Name
 Hoh Indian Tribe

1 Item Found.

Tribal Membership * REQUIRED FIELD

Please indicate Tribal Membership for the following members:

John Heathy

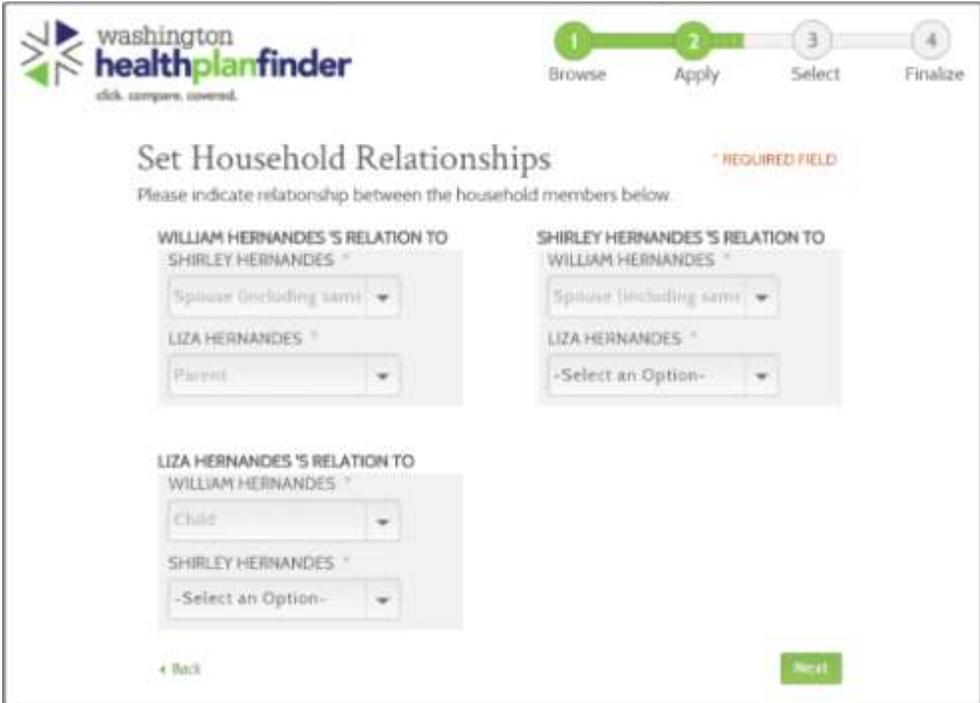
Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? YES NO

Which Tribe? *

Screen Shot

Key Fields

If an AI/AN is an enrolled member of a non-federally recognized Tribe, they may not be eligible for the Qualified health plan AI/AN benefits.

 **KEY FIELDS**


The Set Household Relationships page is where the individual must testify to a matrix of household relationships. There will be certain relationships that are not editable; those may be changed by moving “back” a page and editing the relationship question on the Add Household Member pop-up. The relationships that are grayed out are ones specifically between the Primary Applicant and Added Member (Not between other household members e.g. Spouse and Child), in these instances, the Primary Applicant has already stated the relationship when adding that household member.

For each relationship listed, a relationship must be selected from the appropriate dropdown menu.

If the appropriate relationship is not listed, select “Unrelated.”

- Parent
- Legal guardianship
- Other relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grandchild
- Sibling
- Grandparent
- Step parent
- Stepchild

2.2.6. Additional Questions

Screen Shot | Key Fields

washington healthplanfinder
it's. simple. insured.

1 Browse 2 Apply 3 Select 4 Finalize

Additional Questions * REQUIRED FIELD

The information below is needed to determine eligibility for those applying for coverage. Please respond to the questions below for the members of your application who are applying for coverage:

* June July
 * Mike July

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? YES NO

Are any of the members listed above currently incarcerated? YES NO

Have any of the members listed above regularly used tobacco products in the last 4 months? YES NO

Are all the members listed above residents of the state of Washington? YES NO

Are any of the members listed above currently enrolled in Medicare? YES NO

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? YES NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll-free Voter Registration Hotline: 1-800-442-6881. The decision whether to seek or accept help is yours. You may fill out the application in person.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98546, email elections@dc.wa.gov, or call 1-800-442-6881.

← Back Finalize Later Next →

Additional Questions Page Summary

The *Additional Questions* screen asks a series of questions that may affect the eligibility and plan options for household members seeking coverage.

Each question on this page is presented in a **Yes/No** answer format. Depending on how the customer answers the questions, **additional follow up questions** may appear.

Individuals who are seeking coverage will be listed on this screen and will be required to respond to the questions. Any individual who is in the household but is not seeking coverage will not be listed in this introduction section.

The questions, and their respective additional follow up questions, are detailed below.

Screen Shot

Key Fields



Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? * YES NO

Please check the box below for any member who is not a US citizen or national.

Sharon Healthy

Is this person lawfully present in the US? * YES NO

Date of entry to U.S. *

Does this person have an immigration document? * YES NO

Immigration Document Type *

Alien Number *

Receipt Number *

Jillian Heathy

Q: Are all the members listed above US citizens (including naturalized or derived citizens) or US nationals?

- YES
 - ALL household members listed above are US Citizens
- NO
 - One or more household members listed above are not US Citizens

If NO, a list of household members seeking coverage will appear. Select the checkbox next to the name(s) of household members who are NOT US Citizens.

Q: Is this person lawfully present in the US?

Customer attests as to whether or not the individual(s) are currently lawfully present in the US

- YES
 - Individual is lawfully present
- NO
 - Individual is not lawfully present

Q: Date of Entry to US

Enter date of entry into the US in the format MM/DD/YYYY (e.g., 11/11/2011)

Q: Does this person have an immigration document?

- YES
- NO
 - Individual is not lawfully present

IF YES:

Screen Shot

Key Fields

Use the dropdown menu to select document type

- **Q: Immigration Document Type** - Use the dropdown menu to select document type
- **Q: Alien Number**
- **Q: Receipt Number**

Q: Does this person have a foreign passport?*

Customer may need to provide additional details for non-US Citizens, including country of citizenship passport number, country name, date of entry into the US, and the passport expiration date.

- YES
 - **Q: Passport number** - Enter the full passport document ID number

Application tip – Questions may vary based upon Immigration Document Type provided

Are any of the members listed above currently incarcerated? YES NO



Please check the box for any member who is incarcerated.

Sharon Healthy

Is this member pending disposition of charges? YES NO



Q: Are any of the members listed above currently incarcerated?

- YES
 - One or more household members listed above are currently incarcerated
- NO
 - NONE of the household members are incarcerated.

If YES, a list of household members will appear. Select the checkbox next to the name(s) of any household members who are incarcerated.

Q: Is this member pending disposition of charges?

Customer attests as to whether or not the individual(s) are currently pending disposition of charges.

- YES
 - Individual is pending disposition of charges
- NO
 - Individual is not pending disposition of charges

Screen Shot

Key Fields

Have any of the members listed above regularly used tobacco products in the last 6 months? YES NO

Please check the box for any member who has used tobacco products in the last 6 months.

Sharon Healthy

 **KEY FIELDS**

Q: Have any of the household members listed above regularly used tobacco products in the past 6 months?

- YES
 - One or more household members listed above are regular tobacco users for the past 6 months
- NO
 - NONE of the household members listed above are regular tobacco users for the past 6 months

If YES, a list of household members will appear. Select the checkbox next to the name(s) of all household members who ARE regular tobacco users for the past 6 months.

Application tip – Being a regular tobacco user may affect plan rates.

Are all the members listed above residents of the state of Washington? YES NO

Please check the box below for any member who is not a Washington resident.

Sharon Healthy

Jillian Heathy

 **KEY FIELDS**

Q: Are all members listed above residents of the State of Washington?

- YES
 - ALL household members listed above are residents of the State of Washington (i.e., live and pay taxes, if applicable, in Washington)
- NO
 - One or more individuals listed above are NOT residents of the State of Washington.

If NO, additional details fields will appear. Select the names for the individual(s) who are NOT residents of the State of Washington. All individuals who are selected with the checkbox as not being residents of the state of Washington WILL NOT be eligible for coverage through *Washington Healthplanfinder*.

Screen Shot

Key Fields

Are any of the members listed above currently enrolled in Medicare? * YES NO

Please check the box below for any member currently enrolled in Medicare.

Sharon Healthy

Jillian Heathy

 **KEY FIELDS**

Q: Are any of the members listed above currently enrolled in Medicare?

- YES
 - One or more of the household members listed on the application who ARE seeking coverage have or will have Medicare (in the month they are applying for)
- NO
 - NONE of the household members listed on the application who ARE seeking coverage have Medicare

If YES, a list of household members will appear. Select the checkbox next to the name(s) of all household members who ARE seeking coverage AND will have Medicare on the plan effective date.

Application tip – Estimating Plan Effective Date

If customer completes enrollment (signs the application, makes plan selection, and confirms plan selection (if applicable, based on eligibility determination)) BEFORE the cutoff of 11:59 pm PT on the 15th of the month then the coverage start/effective date will be the first of the next month. If enrollment is completed after the cutoff, coverage start date would be the first of the month following the next month

For example: If customer completes enrollment on 5/10 then the coverage start date would be 6/1. If the customer completes enrollment on 5/16 then the coverage start date would be 7/1.

There are certain qualifying life events that follow an alternative coverage effective date. Further details can be found [here](#)

Screen Shot

Key Fields

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

- YES
 NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, [1-800-448-4881](tel:1-800-448-4881). The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email elections@sos.wa.gov, or call [1-800-448-4881](tel:1-800-448-4881).

← Back

Save and Exit

Next →

 **KEY FIELDS**

Q: If you are not registered to vote where you live now, would you like to apply to register to vote?

This question applies to the primary applicant listed on the application.

- YES
 - The primary application will be linked to the Secretary of State voter registration website where they may register online, download and print a voter registration application, or request that a voter registration form be mailed to them.
 - The Secretary of State voter registration site opens behind the *Washington Healthplanfinder* application and appears when the user closes the application.
- NO
 - The primary applicant is choosing not to register to vote at this time or is already registered.

The primary applicants answer to this question will not affect their eligibility.

Application tip – The application cannot proceed until the question is answered.

For account workers who are processing paper applications, older versions of the paper application will not have the voter registration question on the form.

- If the paper application does not have the voter registration question listed or if the primary application did not respond to this question, select NO to this question.

Screen Shot

Key Fields

- If the primary applicant answer the voter registration question, account workers will answer this question according to how it is answered on their application.

Account Workers who are helping a customer over the phone will ask the customer this question and input the customer's answer accordingly.

If a customer selects **YES** to this question, **see below for the step-by-step process.**

Application tip – An account worker **cannot** fill out the voter registration form on behalf of the customer.



For paper applications and when account workers are assisting customers on the phone where the customer has answered **Yes** for the voter registration question:

The Account Worker will select **Yes** on the voter registration question.

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

- YES
 NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, [1-800-448-4881](tel:1-800-448-4881). The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email elections@sos.wa.gov, or call [1-800-448-4881](tel:1-800-448-4881).

Screen Shot

Key Fields

2 STEP

first name
First Name

last name
Last Name

Date of Birth
Month (MM) Day (DD) Year (YYYY)
Month Day Year

continue

Accessibility

Upon selecting **Yes** to the voter registration question, the Secretary of State screen will open in a separate browser window/tab. This is an external website for voter registration and is outside of the *Washington Healthplanfinder* system.

The Account Worker will enter the applicant's first name, last name, and date of birth and select **continue**.

3 STEP

It appears you are not currently registered to vote in Washington. Please click "Register to Vote" to begin the registration process.

If you believe you are registered to vote, please check the information entered below. If you need to make a correction, make it below and click "continue".

Register to Vote →

first name
Sharon

last name
Heathy

Date of Birth
Month (MM) Day (DD) Year (YYYY)
02 10 1986

continue

Accessibility

After selecting **continue**, the website will check to see whether the individual has already registered to vote according to the information provided.

If not, red text will show noting that the individual is not currently registered to vote. The Account Worker will select **Register to Vote**.

Screen Shot

Key Fields



4 STEP

Select the **register to vote** link.

Then select the **register by mail**.

Special note – selecting **start new registration** button will take the account worker to the online version of the voter registration form. An account worker **cannot** fill out the voter registration form on behalf of the customer but they can request to have the voter registration form mailed to the customer.



Welcome to online voter registration.

You will need one of the following:

- a current Washington State driver license
- a current Washington State ID card

If you do not have either of these, you may still [register by mail](#) or in person.

[start new registration](#)

5 STEP

Select **request by mail** link.

Then select **By mail** on the **Elections & Voting** page.

Screen Shot

Key Fields



Requesting Voter Registration Forms By Mail

6 STEP

Are you representing a State or Public Agency?

Please use the [State/Public Agency Request Form](#). The form below is intended only for individual voters and voter registration drives.

Contact name *

Mailing address *

City *

State *

Zip *

Phone *

Email

Number of Voter Registration Forms

You cannot request more than 1000 total forms.

English

Chinese

Spanish

Vietnamese

Submit

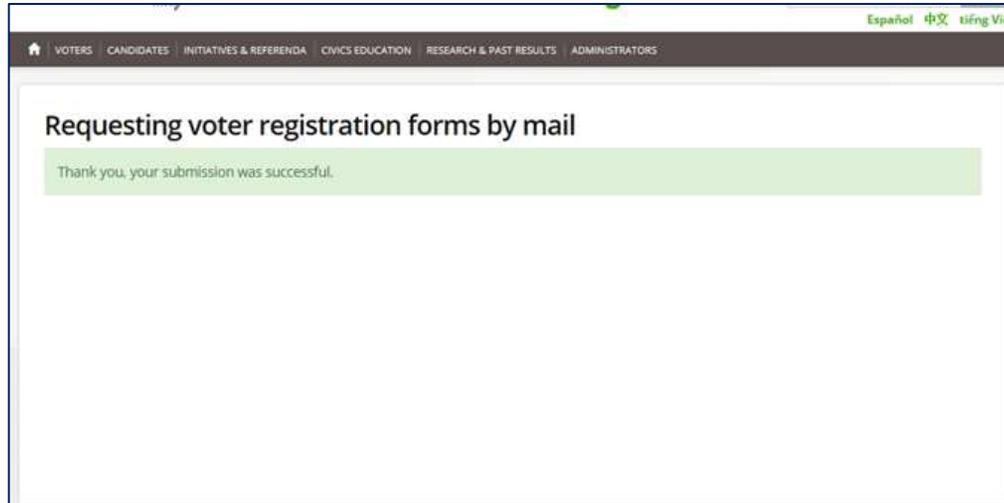
Fill in the following with the customer's information:

- Contact Name
- Mailing Address
- City
- State
- Zip
- Phone
- Email

Choose the language/number of forms requested for the voter registration form.

Select **Submit**.

Screen Shot



Key Fields

7 STEP

The process is now complete to request voter registration forms by mail for the customer.

The account worker will close the Secretary of State page and proceed with the remainder of the application in *Washington Healthplanfinder*.

2.2.7. Application Review

Screen Shot

Key Fields

washington healthplanfinder
it's simple so you can be

1 Browse 2 Apply 3 Select 4 Finalize

Application Review

Please review the information you have provided as far in your application. You may make changes to any area where there is an edit option. Selecting the edit option will take you back to that section of the application. Selecting "Next" from this screen takes you to the signature page or you can submit the application.

Please review the information you have entered before you submit your application.

Review:
We are unable to verify items in red. Go to the "Document Center" from your account to upload necessary documents.

APPLICATION ID: 30476

Primary Account Holder

Application Type: You are applying for tax credits, cost sharing reductions or Washington Apple Health.

First Name: Jane
Middle Initial:
Last Name: Jolly
Social Security Number: [Redacted]
SOCIAL SECURITY DISCLOSURE
Date of Birth: 10/01/1990
Sex: Female
Email: jamezof1@bluewin.org

Primary Contact Information

Home Address:
Address Line 1: 123 Home Ave
Address Line 2:
City: Olympia
State: WA
ZIP: 98501

Mailing Address:
Address Line 1: 123 Home Ave
Address Line 2:
City: Olympia

KEY FIELDS

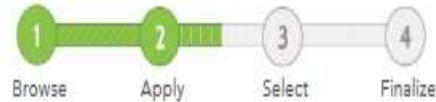
- Once the Primary Applicant has completed their household's application, they have the opportunity to complete an **Application Review**.
 - A summary of all information up to this point will be shown on this screen.
 - It is **extremely important** that the Primary Applicant review this screen in its entirety. If any information is incorrect, this could impact the household's eligibility results.
- If the customer sees any rows highlighted **red** in the Additional Questions section, this means that some of their information could not be verified by federal sources
- There are a few reasons why information may be unverified and returned as red on the application review screen:
 - The Federal Hub data on that item did not match what the customer self-attested
 - The Federal Hub did not have enough information on the person or
 - There was a technical error while trying to verify
 - If the customer notices an error, they can go back in the application to fix that error before formally submitting
 - If the customer believes there is no error, they should proceed with the application
 - Depending on what items are unverified, this may impact eligibility results, most often resulting in Conditional Eligibility

Application tip – Refer to Chapter 5: **Document Verification** for more detailed information on Conditional Eligibility

Note: For sizing purposes, this screenshot does not show the entire application review screen

2.2.8. E-Sign

Screen Shot Key Fields



KEY FIELDS

Primary Applicant's Signature * REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law. ⓘ
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf. ⓘ
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and signing my name below, I am electronically signing my application *

I have read the Rights & Responsibilities *

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
<input type="text" value="Jane"/>	<input type="text" value="E.g. A"/>	<input type="text" value="Jolly"/>

On this screen the Primary Applicant electronically signs their application, agreeing to all of the terms listed

- Boxes 1 & 2 must be checked to submit the application

If an Authorized Representative is completing the application on behalf of the Primary Applicant, the Primary Applicant's First and Last Name still need to be the name on this signature page

- *Example: Mom is completing application for 19-year-old son. 19 year old son's name must go on the e-signature page, even if Mom is completing the application as the authorized representative*

Application tip – Although the Middle Initial field is not mandatory, if the Primary Applicant included a Middle Initial on the **About You** page, they need to include in their signature

Screen Shot

The screenshot shows the 'Primary Applicant's Signature' page in the Washington Healthplanfinder system. A pop-up dialog titled 'Enter Zip Code' is displayed, prompting the user to enter a zip code. The dialog includes a 'Note' section stating: 'In order to determine your eligibility, we need the below details. Please enter the ZIP where you would like to seek coverage.' Below the note, there are two input fields: 'ZIP' with a placeholder 'Eg. 98101' and 'COUNTY' with a dropdown menu. A green 'Next' button is located at the bottom right of the dialog. In the background, the signature page has a progress bar at the top with steps: 1. Browse, 2. Apply, 3. Select, 4. Finish. Below the signature line, there are input fields for 'NAME', 'MIDDLE INITIAL', and 'LAST NAME', with a 'Next' button at the bottom right.

Key Fields



For customers enrolled in the Address Confidentiality Program who inputted their Address Confidentiality Program address on the Primary Applicant Information page:

On the Primary Applicant's signature page, the pop-up shown on the left will appear prompting the customer to enter the zip code where they would like to seek coverage.

- As long as the applicant used the Address Confidentiality Program PO Box address in the address field in the beginning of the application this pop up will appear on the **Primary Applicant's Signature** page.

When a Customer Support Representative is helping these clients with their *Washington Healthplanfinder* application they should ask the customer:

- "Please provide/enter the zip code where you would like to get your medical services?"

After entering the zip code the County will auto populate

The applicant can then select **Next** to continue on with the E-sign page.

Application tip – In this situation, the customer **is not** required to enter in the actual zip code where they live because that is confidential. They only need to provide a zip code where they usually have doctor's appointments or where their pharmacy is.

For example if the customer wants coverage within Thurston County, they can provide any zip code within that county

2.2.9. Eligibility Results

Screen Shot

Key Fields



Eligibility Status

You applied for Qualified Health Plan coverage. To see Eligibility Status details per household member click each name below.

2 You have 2 household member(s) with additional action required. Please review for more information.

Jane Jolly 1 CONDITIONAL

CONDITIONAL
Household: Primary Applicant
Coverage: QDP+QHP
Start Date: 03/01/2018
End Date: 12/31/2018

Mike Jolly

APPROVED
Household: Spouse (including same sex marriage)
Coverage: QDP+QHP
Start Date: 03/01/2018
End Date: 12/31/2018
[View Details](#)

Qualified Dental Plan & Qualified Health Plan
Jane Jolly is conditionally eligible for Qualified Dental & Health Plan coverage. [Why this result?](#)

Coverage Start Date	Coverage End Date	Renewal Information
03/01/2018	12/31/2018	Jane Jolly will need to renew coverage by 12/31/2018. We will contact you with more information when it's time to renew.

ADDITIONAL DOCUMENTS REQUIRED

To find out what types of documents we will accept, click on the document names.

- + Citizenship
- + SSN
- + Medicare
- + Incarceration Status

Next Steps for Jane Jolly
You're approved to pick a Qualified Dental Plan and Qualified Health Plan today.

Next >

Eligibility Status will appear once customer electronically signs their application

Each member of the household will receive one of three eligibility results for Qualified health and dental plans:

- **Approved:**
 - The household member is approved for coverage
- **Denied:**
 - The household member has been denied coverage through *Washington Healthplanfinder*
 - Common reasons for denial: Not Washington Resident, Incarcerated
- **Conditional – approved with Conditional Eligibility:**
 - Some piece of the household member's information could not be verified. Action is required after plan selection
 - The customer is eligible under the condition that they submit documentation within 95 days verifying the information that *Washington Healthplanfinder* was unable to verify
 - The customer can still receive health coverage during their conditional eligibility period, but may be disenrolled after 95 days if appropriate documentation is not submitted
 - See Chapter 5: **Document Verification** for more information

Application tip – If the customer would like to view this information again at a later date, they can select the **View Current Eligibility Results** hyperlink on their dashboard

Screen Shot

Key Fields



Eligibility Status

You applied for Qualified Health Plan coverage. To see Eligibility Status details per household member click each name below.

2 You have 2 household member(s) with additional action required. Please review for more information.

Jane Jolly

1 CONDITIONAL Household: Primary Applicant Coverage: QDP+QHP Start Date: 03/01/2018 End Date: 12/31/2018 View Details

Mike Jolly

1 CONDITIONAL Household: Spouse (including same sex marriage) Coverage: QDP+QHP Start Date: 03/01/2018 End Date: 12/31/2018

Mike Jolly 1 CONDITIONAL

Qualified Dental Plan & Qualified Health Plan
Mike Jolly is conditionally eligible for Qualified Dental & Health Plan coverage. [Why this result?](#)

Coverage Start Date	Coverage End Date	Renewal Information
03/01/2018	12/31/2018	Mike Jolly will need to renew coverage by 12/31/2018. We will contact you with more information when it's time to renew.

ADDITIONAL DOCUMENTS REQUIRED

To find out what types of documents we will accept, click on the document names.

- [Citizenship](#)
 - U.S. Passport
 - Enhanced Driver's license or State ID
 - Birth Certificate
 - Certificate of naturalization
 - Certificate of Citizenship
 - Other Certification of Birth issued by Department of State
 - Department of Health (DOH) printout for Washington State Birth
 - U.S. Citizen ID Card
 - Final adoption decree in the U.S.
 - Evidence of civil service employment by the U.S. government before July 1976

Please notice that, on this screen, the second customer is highlighted and eligibility results displayed.

By selected the other household member name on the left side of the screen, the user can navigate between the eligibilities of their household members.

Users can select **Why this result?** To see further detail on their eligibility result

Application tip – If action is needed for an individual member of the household (i.e. document upload for verification), the user can view this in their Eligibility results

Individuals who receive **Conditional Eligibility** status need to submit proof of documentation to *Washington Healthplanfinder* to confirm their conditional status.

Customers who are working with Brokers/Navigators can provide the documents to their navigator/broker who can upload the required documents on their behalf.

The customer has 95 days from the date of application completion and submission (date of initial conditional status determination) to upload the appropriate documentation into their account.

Online document upload is the preferred method for providing documents, but customers can also provide the needed documents by fax, and mail.

Why this result?

You did not apply for free and low-cost health insurance so we did not evaluate you for Washington Apple Health or Health Insurance Premium Tax Credits. We evaluated you for Qualified Health Plan coverage and determined you eligible.

Screen Shot

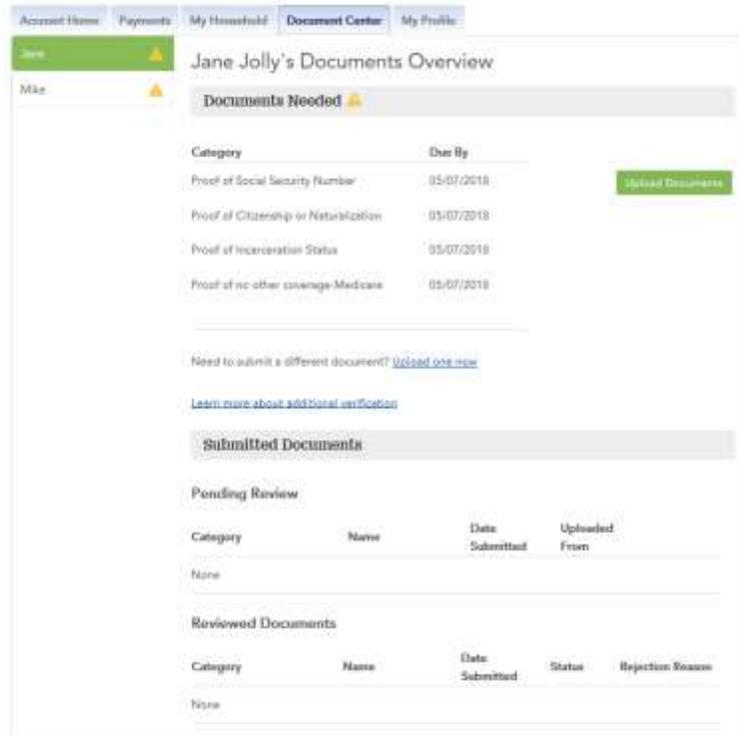
Key Fields

If the customer clicks in the Additional Documents Required section next to their conditional eligibility they will see what documentation is acceptable

2.2.10. Documentation Required

Screen Shot

Key Fields



Upload Documents through the **Document Center** tab

Documents are uploaded in the *Washington Healthplanfinder* via the **Document Center** tab

At this screen the customer can view what events or items still require documentation for which individuals, which documents have been uploaded and require document verification, and upload documents

Customers can select on other household member names listed to view what documentation is being requested

Under **Submitted Documents** you can view:

- **Pending Review** – documents pending review still
- **Reviewed Documents** – If any documents are not sufficient to provide proof of conditional eligibility, a message will show under **Rejection Reason**.

Individual users can also uploaded requested documentation through the WAPlanfinder (Mobile application)

- WAPlanfinder can be downloaded from the a users Google Play or Apple store
- The *Washington Healthplanfinder* sign-in page also offers links to download WAPlanfinder

Screen Shot

Key Fields

Sign in to your account

USER NAME + 

[Forgot Your Username?](#)

PASSWORD + 

[Forgot Your Password?](#)

Remember Me

[SIGN IN >](#)

[Don't have an account? Create one now.](#)

[Download our free mobile app to get coverage information on the go.](#)

2.2.11. Qualified health and dental Plan Selection

Screen Shot	Key Fields
-------------	------------

My Cart

Household members must enroll in a qualified health plan in order to enroll in a qualified dental plan.
 Household members who are 18 and younger (not including members who are approved Washington Apple Health) must be enrolled in a qualified dental plan.
 For Washington Apple Health, no further action is required.

KEY FIELDS

The customer's **My Cart** will be show any plans selected prior to submitting an application (e.g. if a customer completed an application from anonymous browsing, plans would show here). If the customer did not select any plans prior to filling out an application, it will appear blank and read **Add a Plan**.

- **Who will be covered:** list the individuals seeking coverage on an application. *Note: during pre-application this will appear blank*
- **Browse Qualified Health Plans, Browse Qualified Dental Plans and Add a Plan on either:** takes customers to the Qualified health and dental plan shopping pages
- **Browse Child-Only Dental Plans:** will appear as a button if customer tries to checkout prior to selecting a dental plan for a household member who is under the age of 19
- **Your Total Monthly Premium:** displays once plans are added and is the monthly costs of selected plan(s)
- **Remove:** appears once a plan is selected and if selected will remove the plan from the customers cart
- **PRINT:** allows customers to print their selected plans. *Note: during pre-application customers also have the option to email their selected plan(s)*
- **Checkout:** takes customers through the steps to finalize their coverage. *During pre-application this will say **Create Account***

Screen Shot



Key Fields

 **KEY FIELDS**

This screen is the **Explore Your Options** shopping page. On this screen, the Primary Applicant can navigate between health and dental tabs to shop for and compare health and dental plans for their household.

Shopping Page Features:

Shopping Tips: appear when user lands on the shopping page. Select **Next** to view all three shopping tips or select the **X** to exit the modal. The information in this modal will change due to recent trends, searches, and time of year.

Add to Comparison: add up to three plans to compare side by side.

Add to Cart: Allows customers to add/remove plans from a shopping cart. Plans added in the customer's shopping cart during anonymous browsing will save when they fill out their application.

My Cart: Allows customers to view the selected Qualified health and/or Qualified dental plans in their cart

Create Account : directs customers to create a *Washington Healthplanfinder* user account and begin their

Who's Shopping: allows customer to view information they entered. During anonymous browsing customer can select **Edit**

Get Help Shopping: allows customer to access shopping tips modal again and **Smart Planfinder** customer decision support tool.

Smart Planfinder: allows customers to answer a questionnaire to rank plans according to what may best meet their health care needs. This tool is an estimate of costs and plans that may be the best for them

Screen Shot

The screenshot displays the Washington Healthplanfinder interface. At the top, there is a navigation bar with 'Health' and 'Dental' tabs. Below the navigation bar, a search progress indicator shows four steps: 1. Browse, 2. Apply, 3. Select, and 4. Finalize. The main content area shows a list of 32 qualified health plans. Two plans are visible in the list:

Carrier	Plan Name	Premium
MMT	MMT Ambetter Essential Care 1 (2017)	\$ 355.24
Kaiser Permanente	GI Core Basic Plus Catastrophic - 18	\$ 393.34

Each plan card includes a table of costs:

Plan	Deductible (2017)	Insurance & Facility	Coinsurance	Out-of-Pocket Maximum	Out-of-Network
MMT Ambetter Essential Care 1 (2017)	\$0	Insurance: \$0, Facility: \$0	\$0	\$6,000	\$6,000 Individual / \$12,000 Family
Kaiser Permanente GI Core Basic Plus Catastrophic - 18	\$0	Insurance: \$0, Facility: \$0	\$0	\$7,000	\$7,000 Individual / \$14,000 Family

Key Fields

Customize My Search: Allows the customer to apply different filters to specify and customize their search. *For example, the customer can search for plans in a certain price/premium range.*

 **KEY FIELDS**

After a customer has selected a Qualified health and dental plan, the plan will be highlighted. Customers still have the option to remove the plan and/or add another plan. Modals will prompt them through the process.

After selecting a new plan, a modal will appear asking customers to confirm if they want to replace their current plan with the new selection. Once customer selects **Yes, make this my selected plan**, the **Plans Added!** modal appears.

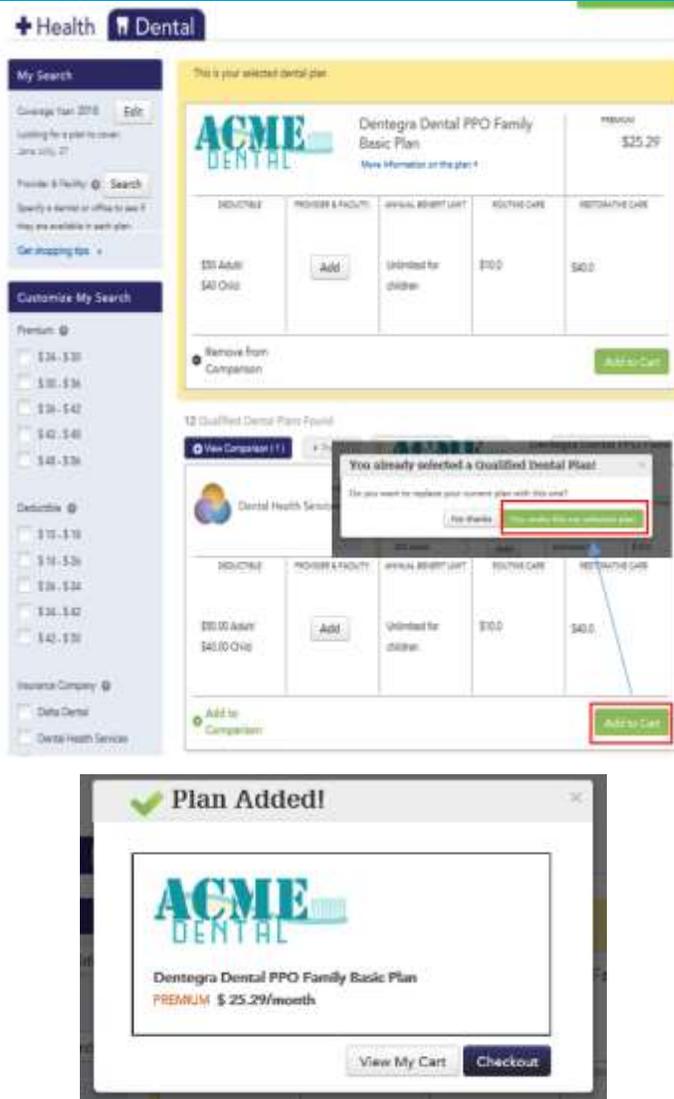
Plans Added! Modal:

- If customers have both a Qualified health and dental plan in their cart they will have the option to **View My Cart** or **Checkout**
- If customers have only selected a Qualified dental or Qualified health plan they will have the option to either **View My Cart** or **Browse Qualified Health/Dental Plans** (depending which plan they have yet to add to their cart)

Application tip – customers can switch between the health and dental tab without having added a plan to their cart

Qualified health and dental plan enrollments are standalone enrollments in *Washington Healthplanfinder*. Should a carrier terminate enrollment due to non-payment the Qualified dental plans do not need a Qualified health plan to continue, and vice versa. However, customers **cannot** checkout with only a Qualified dental plan in their cart; they must select a Qualified health plan to check out with a Qualified dental plan.

Screen Shot



Key Fields

Customers are not required to select a Qualified dental plan unless they have a child under the age of 19. A child can be enroll in a Qualified dental plan without the rest of the family over 19 selecting a Qualified dental plan.

 KEY FIELDS

Plan comparisons list all of the plan information that you would find on a single plan and compare it side by side to another plan

- Users can compare up to three Qualified health and dental plans, the process is mirrored for both types of plans.
- Users can compare In Network and Out of Network Costs
- If a user has input data into the Smart Planfinder they can view estimated yearly cost here, and if the provider/prescriptions they have entered are covered or not
- Users can view Quality Rating for the plan(s) here
- Users can access 3 tabs with estimated costs for that condition:
 - Having a Baby
 - Managing Type 2 Diabetes
 - Simple Fractures
- Users can access the carriers Summary of Benefits and coverage at the bottom of the **Coverage Summary** page

Provider & Facility search allow customers to search for providers and facilities.

Qualified health and dental plan users can add up to 5 providers or facilities in the search

Provider Directory Search tips – the provider search will populate with your zip code entered. If you want to search in another zip code, you

Screen Shot

Key Fields

[Back to Plan Results](#)

Compare and Select a Plan
 All plans include free preventive care services.
 Costs listed below are in Network unless otherwise noted.

Coverage Summary Managing a Policy Managing Types 2 Subscribers Sample Questions

	Q1 Core Basic Plus Catastrophic - 18	Q1 Plan Gold - 18	MM Ambetter Essential Care 1 (2017)
Quick Glance			
Total Monthly Premium	\$390.34	\$705.12	\$355.24
Your Monthly Premium with Tax Credits	\$390.34	\$705.12	\$355.24
Your Estimated Yearly Cost	Not Applicable	Not Applicable	Not Applicable
Your Provider & Facility	Not Applicable	Not Applicable	Not Applicable
Your Prescriptions	Not Applicable	Not Applicable	Not Applicable
Quality Rating	Plan is too new to rate	Plan is too new to rate	★★★★★
Plan Type	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)
Plan Metal Level	Catastrophic	Gold	Bronze
Out of Pocket Costs			
Annual Deductible	\$7,500 Individual / \$14,700 Family	\$500 Individual / \$1,100 Family	\$4,000 Individual / \$7,800 Family
Annual Out of Pocket Maximum	\$7,500	\$1,000	\$4,000

can enter a different zip code and search. You can also search for zip codes that are near the Washington border such as Idaho and Oregon.

Health **Dental**

Who's Shopping This is your table

Coverage Year: 2018
 Looking for a plan to cover:
 from July 27
 to July 27

Provider & Facility Search

Specify a doctor, hospital or clinic to see if they are available in each plan.

Prescriptions

Get Help Shopping

Use the Smart Planfinder to answer a few questions and get Smart Choice plan suggestions based on your household.

Provider and Facility Search

ZIP Code:

City:

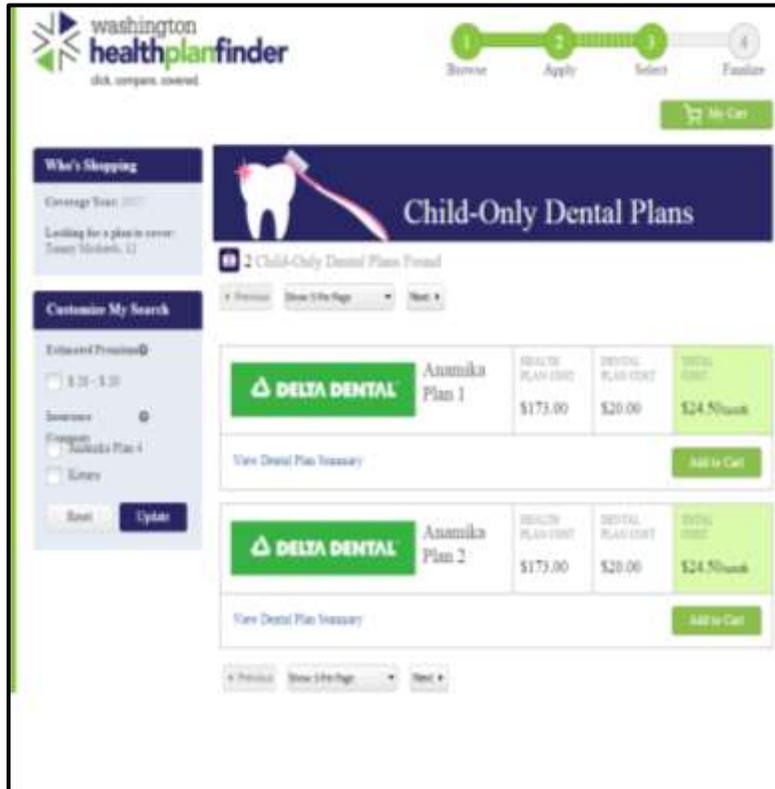
State:

Name	Quality	Address	Phone Number	Map
Beaumont	★★★★★	2000 East Ave SE Riverside, WA 98849	(509) 835-1000	<input type="button" value="Map"/>
Providence	★★★★★	1100 West Ave Spokane, WA 99201	(509) 325-1000	<input type="button" value="Map"/>
St. Joseph	★★★★★	200 East Ave SE Spokane, WA 99202	(509) 325-1000	<input type="button" value="Map"/>
St. Vincent	★★★★★	1000 West Ave Spokane, WA 99201	(509) 325-1000	<input type="button" value="Map"/>

Map showing provider locations with red pins.

2.2.12. Pediatric Dental Plan Selection

Screen Shot | Key Fields



 KEY FIELDS

Customers can navigate to the Pediatric Dental Plan shopping page by clicking on Browse Child Only Dental Plans from their Cart.

- For households with children under age 19, a Qualified dental plan or pediatric dental plan must be selected for each child. Customers who are voluntarily dis-enrolled for non-payment from Pediatric/Qualified dental plan will not be dis-enrolled from Qualified health plan.
- The total cost shown for each dental plan, is the combined cost for all children in the household
- The customer can apply filters to specify their dental plan search, similar to the feature available in the health plan search

Application Tip – when a customer selects **Add to Cart** a modal will pop up informing the customer of the costs of a family Qualified dental plan. Customers have the option to proceed with or without a family dental plan.



2.2.13. Confirm Insurance Company Selection(s)

Screen Shot

Key Fields

HOME | EN ESPAÑOL WELCOME, JANE JOLLY (SIGN OUT) | CUSTOMER SUPPORT

washington healthplanfinder click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

Confirm Insurance Company Selection(s)

This is your last chance to review the information that will be sent to your selected Insurance Company.

Selected Qualified Health Plan

PLAN: GOLD
Kaiser Permanente GI Flex Gold - 18
More information on this plan **PREMIUM**
 \$ 705.12 /month

Who Will Be Covered: Jane Jolly, Mike Jolly

Selected Qualified Dental Plan

ACME DENTAL Dentegra Dental PPO Family Basic Plan
More information on this plan **PREMIUM**
 \$ 25.29 /month

Who Will Be Covered: Jane Jolly

Selected Enrollment Information

Plan Name	Member	Coverage Start Date	Coverage End Date	Cost
GI Flex Gold - 18	Jane Jolly	03/01/2018	12/31/2018	\$ 705.12 /month
	Mike Jolly	03/01/2018	12/31/2018	
Dentegra Dental PPO Family Basic Plan	Jane Jolly	03/01/2018	12/31/2018	\$ 25.29 /month

Your Total Monthly Premium \$730.41 /month

Clicking confirm commits you to the monthly plan premium(s) listed above.

◀ Back Confirm and Send ▶

PRINT

KEY FIELDS

Once the Qualified health and dental plans are selected the **Confirm Insurance Company Selection(s)** page displays

Selected **Qualified health** and **dental plan** list

Selected Enrollment Information lists name of plan(s), who is covered, coverage start date, coverage end date & cost

Total Monthly Premium will be listed and customers can **Print** this page

Select **Confirm and Send** to complete plan selection

If **Back** is selected, user will be moved to their **My Cart** page

2.2.14. Successful Confirmation!

Screen Shot

Successful Confirmation! [PRINT](#) 

Your plan selection is confirmed and on its way!

Your Subscriber ID 1002569 

Next Steps



WAIT

Receive your bill or follow up info by mail or email in **up to 7 business days**



PAY COMPANY

Follow instructions provided by your Insurance Company



HAVE INSURANCE

**If documentation is required to prove a Special Enrollment, this wait time may increase.*

More information is available at: www.wahbexchange.org/payments

Selected Plan(s)

Selected on Feb 01, 2018

Health Insurance Company	<input type="text" value="Kaiser Permanente WA"/>
Total Monthly Premium	<input type="text" value="\$ 705.12"/>
Dental Insurance Company	<input type="text" value="Dentegra"/>
Total Monthly Premium	<input type="text" value="\$ 25.29"/>

Please print this for your records. You will also receive a notice with this information.

[Next >](#)

Key Fields

 **KEY FIELDS**

After the customer has confirmed and sent the plan selection in *Washington Healthplanfinder*, the customer will reach this **Successful Confirmation Modal**.

This modal tells the customer that plan selection is confirmed and on its way to the carrier. It will also offer the customer next steps for payment.

The **Subscriber ID** is an identification number the customer can use between their health/dental insurance carrier and *Washington Healthplanfinder* customer support.

If customers hover on the question mark at the top right corner of the number, field level help opens for more information

Key fields of the **Next Steps** section:

WAIT: Customers must wait for carrier to contact them via email or mail before they can make a payment. The green box indicates that the customer is in the WAIT step.

PAY COMPANY: Once carrier contacts the customer with instructions on payment, then he/she will pay the carrier directly via the carrier's system.

HAVE INSURANCE: Once the payment has been processed, the customer has insurance!

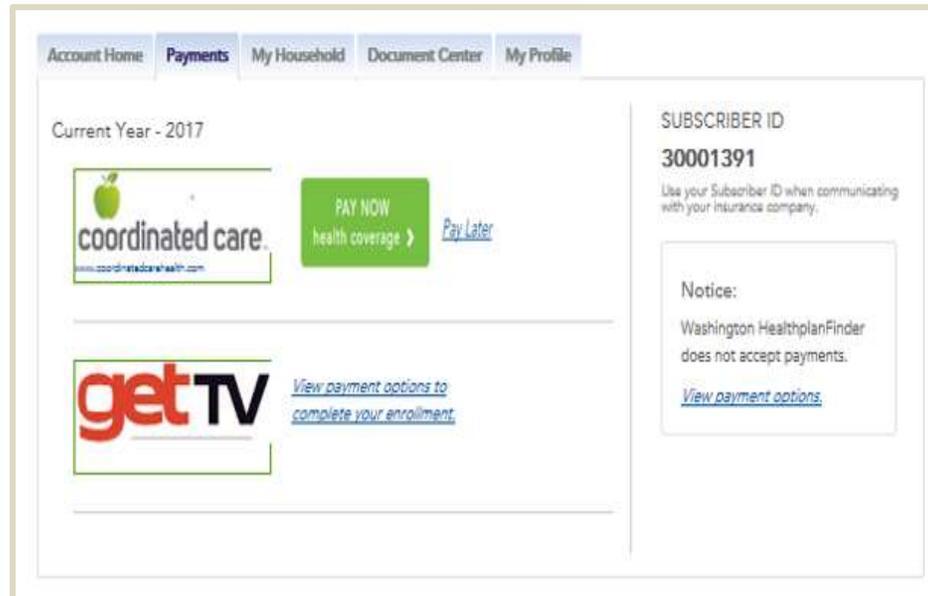
Carriers communicate to *Washington Healthplanfinder* when a customer has paid, and *Washington Healthplanfinder* updates customer enrollment status appropriately.

The **PRINT** button is at the very top of the page. Customer also receive this information in a correspondence – **Plan Selection Confirmed** (EE019).

Upon selecting **Next**, user is navigated to their **Payments** tab.

2.2.15. Account Dashboard – Payments Tab

Screen Shot



Key Fields

 KEY FIELDS

The **Payments** tab provides the customer with a view of their selected Qualified health and dental plan(s).

If the customer selects the **View payment options** link, they will navigate to a wabhexchange.org page about how to pay each carrier.

On the right hand side, the **subscriber ID** number is displayed.

Under the confirmation number, there is a **Notice** with messaging regarding premium aggregation removal. It reminds the customer that **Washington Healthplanfinder does not accept payments.**

Some providers in the *Washington Healthplanfinder* will provide a link to their website that allows subscribers to make their initial binding payment with a **PAY NOW** button.

Providers who have not chosen to provide this link to their external link will have a hyperlink allowing the subscriber to view payment options within *Washington Healthplanfinder*.

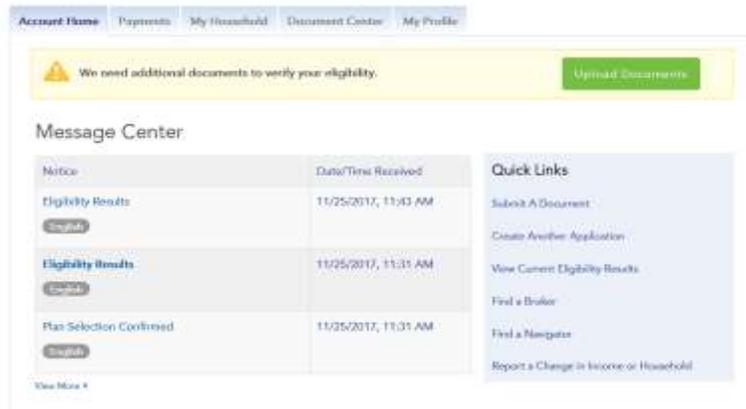
The **Pay Now** button will only appear with participating carriers during Open Enrollment.

The **Pay Now** button is for the initial new year's coverage payment only.

2.2.16.

Account Dashboard – Account Home Tab – Message Center

Screen Shot | Key Fields



 KEY FIELDS

A **Plan Selection Confirmed** (EE019) correspondence will automatically generate and display in the **Message Center** for the customer.

The correspondence will include instructions for how the customer can pay their carrier and plan details similar to the **Successful Confirmation** modal.

The correspondence will outline the customer and their household health insurance selections, metal level, premium, tax credit (if eligible), total premium, coverage start and end dates.

Screen Shot

Key Fields

JANE JOLLY
123 HOME AVE
OLYMPIA WA 98501

11/25/2017
Application ID:
266795

Plan Selection Confirmed

Thank you for applying for health care coverage through Washington Healthplanfinder. Below is information about the plans you selected.

Your insurance company(s) will take care of the billing and payment process. Your coverage will be active after you have paid your premium to your insurance company(s) directly. You can find more information at www.wabibexchange.org/payments.

If you are eligible for a special enrollment, your insurance company may ask you to provide documentation. If a member of your household is enrolled in Washington Apple Health, you will receive a separate letter.

Health Insurance Company	Kaiser Permanente WA
Health Plan	GI Flex Gold - 18
Plan Metal Level	GOLD
Monthly Plan Premium	\$705.12
Applied Tax Credit	\$0.00
Total Monthly Premium	\$705.12
Coverage Start Date	03/01/2018
Coverage End Date	12/31/2018

2.2.17. Account Dashboard – Account Home – Household Coverage

Screen Shot	Key Fields
-------------	------------



Your Household Coverage Summary [PRINT](#)

You will be able to select or change your plan(s) by clicking "Shop Plans"

Your coverage will be active once your insurance company(s) has provided confirmation to us that your payment has been processed. Click the "Payments" tab for information about how to make payments.

Application Status: Submitted
 Eligibility Status: CDL QHP
 Coverage Status: Initiated
 EnrollmentStatus = ApplicationStatus + EligibilityStatus + CoverageStatus

Upcoming Year- 2018

Health Coverage

Name	Plan Name	Start Date	End			
Jane Jolly	GI Flex Gold - 18	03/01/2018	12/31/2018	N/A	Enrolled	Shop Plans
Mike Jolly	GI Flex Gold - 18	03/01/2018	12/31/2018	N/A	Enrolled	

[Cancel Coverage](#) To Add or Remove specific individuals from coverage, select "Report a Change" from Quick Links.

Dental Coverage

[Account Home](#)
[Payments](#)
[My Household](#)
[Document Center](#)
[My Profile](#)

We need additional documents to verify your eligibility.
 [Upload Documents](#)

Message Center

You have no notice at this time

[Quick Links](#)

The **Your Household Coverage Summary** portion contains current and upcoming year plan information

Red text indicates that coverage is not yet active. Once the proper enrollment files have been processed by *Washington Healthplanfinder*, the red text will disappear.

Another way to understand payment status from the Enrolled Status column is by hovering over the status to view the Coverage Status.

In cases where one, or more, household member(s) are **Conditionally Eligible**, the user will see yellow messaging at the top of their **Account Home** tab.

User facing "Enrolled Status" column	Hover over "Coverage Status"	Meaning of Status
Shop Plans	Draft	Application has been submitted, but a plan has not been selected
Enrolled	Initiated	Plan is confirmed but no effectuation has been received by <i>Washington Healthplanfinder</i> from the carrier
User facing "Enrolled Status" column	Hover over "Coverage Status"	Meaning of Status

Screen Shot	Key Fields		
	Enrolled (Static Text)	Active	Effectuation file is received with Active flag
	Enrolled (Static Text)	Disenrollment initiated	Effectuation file received with Termination flag
	Expired - [reason]	Expired	Enrollment is expired. Show in Coverage History section. Could be due to Non-payment, Voluntary Disenrollment, or Conditional Docs Fail.
	Cancelled	Cancelled	Effectuation file received with cancel flag. Enrollment is cancelled. Showing in Coverage History section. Users can cancel their coverage from a Qualified health or dental plan prior to the coverage start date, and will be prompted to add or remove household members from coverage before canceling coverage for the entire household.

2.2.18. Change Reporting

Screen Shot

The screenshot shows the 'Message Center' interface. On the left, there is a table with two columns: 'Notice' and 'Date/Time Received'. The first row contains 'Eligibility Decision' and '11/23/2015, 04:14 PM'. Below the table is a 'View More >' link. On the right, there is a list of actions: 'Generate 1095-A Form', 'Create Another Application', 'View Current Eligibility Results', 'Find a Broker', 'Find a Navigator', 'Report a Change in Income or Household' (highlighted with a red box), 'Submit A Document', 'Create Account', and 'Verify ID Proofing'.

Key Fields



After a customer is enrolled in health coverage through *Washington Healthplanfinder*, there are life events (such as a change in income, marriage, move, birth of a child, etc.) that require the customer to report a change

To report a change, customers will select **Report a Change in Income or Household** from their **Account Home** page

Application tip – customer **MUST** report changes to their household and/or income through *Washington Healthplanfinder*, and not their health insurance carrier

Once customer appropriately reports change and selects new plan if prompted to they will be notified through updated correspondences

If multiple changes are reported in one day only the most recent change reported will trigger a correspondence to the customer

2.2.19. Creating Separate Applications

Screen Shot	Key Fields
-------------	------------

SEX **

MALE

FEMALE

WHO ARE YOU APPLYING FOR? *

-Select an Option-

-Select an Option-

Myself

Myself and Others

Other Household Members

HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING IN APPLE HEALTH?

HEALTH IS PUBLICLY FUNDED HEALTH INSURANCE PROVIDED THROUGH THE WASHINGTON STATE HEALTH CARE AUTHORITY). * ●

 **KEY FIELDS**

If a family wants to be on separate Qualified health and dental plan, the household would need to create separate applications.

Washington Health Benefit Exchange business rule indicates that there can only be one plan policy per application

For example, if a child wants a different Qualified health plan and is 18 years of age or older, they can be the primary applicant on their own application.

*However, if a child wants a different Qualified health plan selection and NOT 18 years of age or older, Mom or Dad can apply for their child by selecting **Create Another Application** from the Mom or Dad's dashboard. The parent would be the primary application, but indicates that they are applying for **Other Household Members** on the **About You** screen.*

2.3. Customer Switching from Apple Health/Tax credits to Qualified health plan Application

2.3.1. Introduction

This applies to existing customers who had previously been enrolled in an affordable plan (either Apple Health or tax credits).

The switching process will close their Apple Health eligibility and/or deny tax credits eligibility in order to be eligible for Qualified health plan without tax credits.

As a result of the potential consequences of not having coverage through this process, customers will need to be wary of timing. When switching to the non-affordable application from affordable outside of Open Enrollment, a Special Enrollment Period will not automatically open.

2.3.2. Change Reporting to Close Apple Health/tax credit Plan

Screen Shot **Key Fields**

 **KEY FIELDS**



Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

My household wants to apply for a full cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, cost sharing reductions, or Washington Apple Health. YES NO

Someone needs to be added to or removed from my list of household members to be considered for coverage. YES NO

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months. YES NO

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant. YES NO

My address has changed. YES NO

Someone in my household has gained or lost health coverage. YES NO

Something else has changed. Examples include:

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state.

YES NO

[← Back](#)

[Next →](#)

Customers who want to switch from an affordable to non-affordable plan will start by reporting a change (select **Report a Change in Household or Income** quick link).

The first question in the Change Reporting Questionnaire is for this specific process.

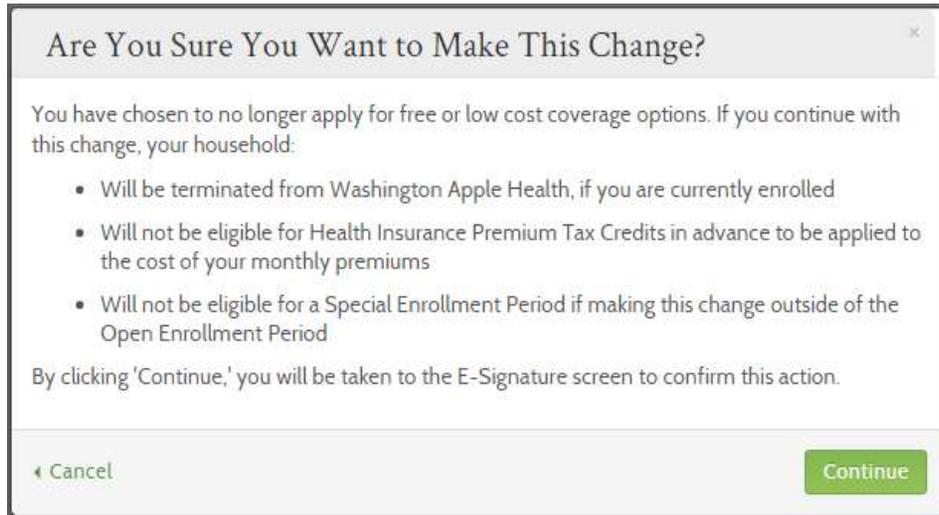
- The statement reads, “My household wants to apply for a full cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, cost sharing reductions, or Washington Apple Health.”
- Individuals who want to switch to affordable plan will select **Yes**.
- The customer self-attests to forgoing any Apple Health/tax credit plan they are enrolled in.

By selecting **Yes** to switch to Qualified health plan coverage instead, all other questions will disable in order to process this change and close out prior Apple Health/tax credit enrollment.

Select **Next** to proceed.

2.3.3. Switching to Non-Affordability Modal

Screen Shot



Key Fields

KEY FIELDS

The modal will pop up, asking the customer, “Are you sure you want to make this change?”

It outlines the consequences of making this change:

- Termination from Apple Health, if customer is currently enrolled
- Not eligible for tax credits in advance to be applied to the cost of your monthly premiums
- Not eligible for a Special Enrollment Period if making this change outside of the Open Enrollment

The language in the modal warns customers that if this process is taking place outside of Open Enrollment, they will “not be eligible for a special enrollment period.” However, if they have a qualifying life event, they may have the opportunity to apply for a Qualified health and dental plan.

Customer selects **Continue**

Screen Shot

Key Fields



 **KEY FIELDS**

Primary Applicant's Signature * REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law. 
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf. 
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- By checking this box and signing my name below, I am electronically signing my application
- I authorize Washington Healthplanfinder to electronically verify my updated federal tax information during an automated annual renewal process for up to 5 years. I understand that I can change my consent at any time.
- I have read the [Rights & Responsibilities](#) *

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
<input type="text" value="Eg. John"/>	<input type="text" value="Eg. A"/>	<input type="text" value="Eg. Smith"/>

[← Back](#)

In order to complete the process, the customer must eSign. Customers will complete the eSignature page after the previous modal, confirming that they choose to forgo their Apple Health/tax credit eligibility.

By selecting **Submit My Application**, will cancel Apple Health and/or tax credit eligibility.

After eSign, the system will perform the following actions in the backend:

- Washington Healthplanfinder* sends a force closure code to Eligibility Service
- Eligibility Service response is successful back to *Washington Healthplanfinder*
- Washington Healthplanfinder* closes Apple Health and/or tax credit application
- Application is marked as non-affordable

The **Back** button directs the customer to the **Change Reporting questionnaire**

2.3.4. Qualified health plan Eligibility Results

Screen Shot Key Fields



Eligibility Status

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below. A summary of any tax credit your household is eligible for is available at the bottom of this screen.

Cosette Fox
APPROVED

APPROVED

Household Primary Applicant
Coverage: QDP+QHP w/ Tax Credits
Start Date: 05/01/2017
End Date: 12/31/2017

Qualified Dental Plan & Qualified Health Plan with Tax Credits
Washington Apple Health Adult Coverage ends on 04/30/2017. Starting on 05/01/2017, Cosette Fox will be eligible for Qualified Dental & Health Plan coverage with tax credits. Why this result?

Coverage Dates	Program	Renewal Information
11/01/2016 to 04/30/2017	Washington Apple Health Adult	Not Applicable
Coverage Dates	Program	Renewal Information
05/01/2017 to 12/31/2017	Qualified Dental Plan & Qualified Health Plan with Tax Credits	Cosette Fox will need to renew coverage by 12/31/2017. We will contact you with more information when it's time to renew.

Tax Credits
Cosette Fox is included in the tax filing household that has been approved for tax credits. See more information at the bottom of this screen.

Next Steps for Cosette Fox
On the next few pages, please review your tax credit options and select a Qualified Health Plan. The monthly health plan premium amount displayed will include your tax credit.

After eSign, customers will reach the Eligibility Results page, which will now indicate the end of Apple Health and/or tax credits coverage and new start date of Qualified health and dental plan.

During Open Enrollment:

- Customer will click **Next** button and be navigated to plan shopping pages to select a Qualified health and dental plan for the calendar year

Outside of Open Enrollment:

- Customer will NOT automatically be able to select a Qualified health and dental plan; self-attestation of a Qualifying Life Event is necessary for Special Enrollment Period, and thus Qualified health and dental plan enrollment, outside of Open Enrollment.
- Customer will select **Next** button and be navigated to “See if you qualify” page
- From there, customer will move into Special Enrollment Questionnaire for a chance to qualify for enrollment. Based on the answers provided, the customer may be allowed to select a Qualified health and dental plan.

Special note – The Operator’s Manual does not cover Special Enrollment guidelines. Please refer to training on special enrollment period and qualifying life events for more information.

2.3.5. Switching Back to Apple Health/Tax Credit Application

Screen Shot

washington healthplanfinder
don't compare, compare.

1 Browse 2 Apply 3 Select 4 Finalize

About You

*REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options.

FIRST NAME * MI LAST NAME * SUFFIX
 (Eg. John) (Eg. J) (Eg. Smith)

Notice:
 Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER * DATE OF BIRTH *
 (Eg. 123-45-6789) (Eg. 01/23/2012)

SOCIAL SECURITY ONLINE

SEX *
 MALE
 FEMALE

WHO ARE YOU APPLYING FOR? *
 -Select an Option-

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDITS, COST SHARING REDUCTIONS AND WASHINGTON APPLE HEALTH?
(NOTE: WASHINGTON APPLE HEALTH IS PUBLICLY FUNDED HEALTH INSURANCE PROVIDED THROUGH THE WASHINGTON STATE HEALTH CARE AUTHORITY) *

YES
 NO

Key Fields



If for any reason the customer would like to switch back to an affordable plan, they would need to report a change. Data from the existing application will be saved.

When the customer reaches the **About You** page, they select **Yes** for affordability question in order for the system to re-determine customer's eligibility.

- Select **Yes** to the question "Do you want to apply for health insurance premium tax credits, cost sharing reductions and Washington Apple Health"
- Select **Next** and proceed through all application pages to eSignature

Timing:

- Customers who receive tax credit eligibility will need to abide by Open Enrollment Period guidelines. This means if we are outside of Open Enrollment, they may not be allowed to enroll in a new Qualified health plan with tax credits
- If during Open Enrollment Qualified health plan customer will be allowed to select a new plan with tax credits applied
- If outside of Open Enrollment, customers will need to experience a qualifying life event and open a special enrollment period
- Apple Health has year round Open Enrollment – customers can re-enroll if eligible anytime

Screen Shot

Key Fields

Special note – The Operator’s Manual does not cover Special Enrollment guidelines. Please refer to training on special enrollment period and qualifying life events for more information.

2.4. Finance

2.4.1. Premium

Washington Healthplanfinder does not process customer’s premium payments. The 15th rule applies to all *Washington Healthplanfinder* plan selection and enrollment coverage start dates.

The customer’s initial first time payment to carriers will updated on *Washington Healthplanfinder* in their enrolled status, but recurring payments are not communicated to *Washington Healthplanfinder*. Coverage status will only reflect the initial payment. The system assumes that the customer and carrier are still in the plan unless *Washington Healthplanfinder* receives a termination

due to non-payment file from the carrier.

2.4.2. 1095-A Tax Form and Correspondence

Screen Shot

Key Fields



Washington Health Benefit Exchange
621 Capitol Way South
PO Box 4577
Olympia, WA 98512

Washington
healthplanfinder
www.washingtonhealthplanfinder.org

<<Date>>
Application ID:
<< Application ID >>

<<Tax-Filer Name>>
<<Application Mailing Address>>
<<City, State, Zip Code>>

Subject – Important Tax Return Document

Dear << Tax-Filer Name >>,

[Corrected 1095-A Tag]

Thank you for choosing Washington Healthplanfinder for your household's health insurance coverage. When you file your federal taxes for <<YYYY (previous coverage year)>>, you will need the attached 1095-A to report the Health Insurance Premium Tax Credits you received.

When you get advanced Health Insurance Premium Tax Credits you must:

- File taxes for the year you received tax credits
- File taxes jointly with your spouse, if applicable

If you have questions or would like more information about premium tax credits, please visit the IRS website at <http://www.irs.gov/uo/The-Premium-Tax-Credit>.

How to Contact Washington Healthplanfinder

Contact us if you have any questions. Let us know if you want a free interpreter or free translations of this letter or other documents we send you. Please contact us if you need help to apply for or access your health care coverage due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>
- By email at <HBEEMAIL>
- By calling <HBEPHONE> and <HBETTY>
- By Fax <HBEFAX>
- By mail at:
<HBEADDRESS1>
HBEADDRESS2
HBECITY
HBESTATE
HBEZIP>

Correspondence ID: <SystemNumber>
<ORF#>

Page 1 of 1

Households and individuals are required to report their health insurance when filing taxes. Customers enrolled in through *Washington Healthplanfinder* in a Qualified health plan receive **Important Tax Return** correspondence by January 31st of the year. The correspondence provides customers with important Health Insurance Premium Tax Credits and the 1095-A tax form for tax filing with the Internal Revenue Service (IRS).

The 1095-A serves as proof of health insurance coverage and is used for tax credit reconciliation. Customers must use these forms to avoid any possible penalties from the IRS.

Individuals receiving advance payments of tax credits during the year are required to report this on their tax return

Individuals wanting to claim tax credits (who did not receive it in advance) will also use this form when filing their taxes

Multiple 1095-A tax forms will be generated for:

- Households with multiple tax filers – each tax filer will receive a form for each plan he / she is enrolled in
- Individuals who change plans during the year – one 1095-A will be generated per plan
- Married couples filing separately
- Married couples filing jointly who are enrolled in separate plans – one 1095-A will be generated per plan

Special note – 1095-A's are not be sent to Apple Health customers

Screen Shot

Key Fields

Form **1095-A** | **Health Insurance Marketplace Statement** | OMB No. 1545-0047
 Department of the Treasury | Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a | CORRECTED | **2014**

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16				
17				
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form **1095-A** (2014)



Data on the 1095-A includes policy information, coverage dates, tax credits, and monthly premiums. The sections displayed with text will be pre-populated when sent to customers. Customers will use and submit this form when filing their taxes.

Part 1 lists key information about the recipient including:

- Marketplace Identifier (Name of State – WASHINGTON)
- Policy Number, start date, and termination date
- Recipient's name and information

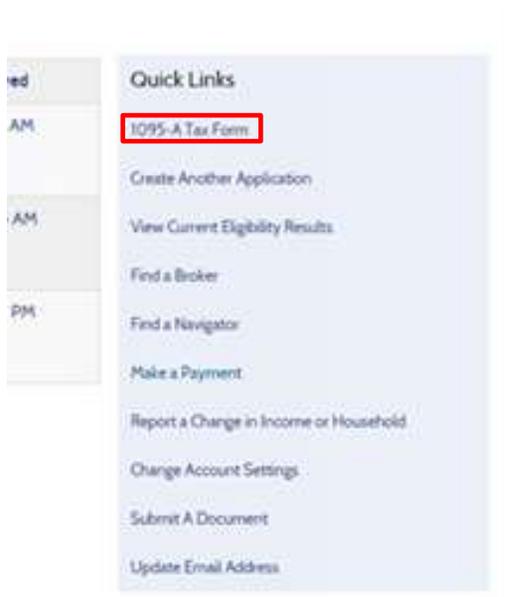
Part 2 provides information on recipient's household members who are covered

- Information includes coverage start and end date for each covered individual

Part 3 lists the monthly premium amount, monthly premium amount of Second Lowest Cost Silver Plan (SLCSP), and monthly advance payment of premium tax credit (if any)

2.4.3. Customer Navigation to the 1095-A Tax Form

Screen Shot Key Fields



KEY FIELDS

Customers can view their 1095-A tax form by navigating to the **1095-A Tax Form** link on the dashboard from the Account Home tab. Customers can select which tax year and then click on the magnifying glass to view an electronic version of their 1095-A tax form.

A tax form is generated for each tax filer who is enrolled in a Qualified health plan with or without tax credits through *Washington Healthplanfinder*

Individuals who changed plans during the year will also have multiple forms

Speical note – navigators and brokers can view the 1095-A tax form from the customer’s Message Center by locating the **Important Tax Return** correspondence.

1095-A Tax Form

Select Tax Year:

Policy ID	Recipient Name	Social Security Number	Date of Birth (MM/DD/YYYY)	Date Issued	View
42080	CAREY Logan	XXX-XX-6264	01/01/1979	12/01/2015	🔍

[← Back](#)

2.4.4. Account Worker View and Re-print 1095-A Tax Form

Screen Shot | Key Fields



1095-A Tax Form

Select Tax Year: 2015

Policy ID	Recipient Name	Social Security Number	Date of Birth (MM/DD/YYYY)	Date Issued	View 1095-A	Re-print 1095-A
54219	Marlyn Fischer	XXX-XX-1062	01/01/1979	01/27/2016		

[Back](#)

Account Workers are able to view the 1095-A tax form by navigating to the “1095-A Tax Form” link on the Account Home dashboard. Account Workers can select which tax year and click the magnifying glass to view an electronic version of their 1095-A tax form or select the green arrow to re-print the form.

Account Workers can make corrections to the enrollment data using the Self-Service Utility tool at any time and re-stage the 1095-A tax form. The customer will then receive the updated tax form accordingly. To access the Self-Service Utility tool Exchange account workers select the **Data Fix Automation** link on the dashboard.

Self Service Utility

* REQUIRED FIELD

ZENDESK ID * IRS CORRECTION CODE * SEND EDI * RE-STAGE 1095-A *

 YES NO
 YES NO

Select module

SELECT MODULE *

Individual Enrollment

Select Templates

SELECT A TEMPLATE *

APTC Update

Special note – The self-service utility tool can also be used to update the Second Lowest Cost Silver Plan, where changes can be made directly to the staging data itself.

3. Application Flow: Tax Credits and Apple Health (New Applications)

Who has access to this chapter?



- Exchange Operations
- Customer Support Center Representative
- Broker
- Navigator
- Health Care Authority Community Partner
- Health Care Authority Eligibility Worker
- Tribal Navigator
- Certified Application Counselor

Chapter Contents

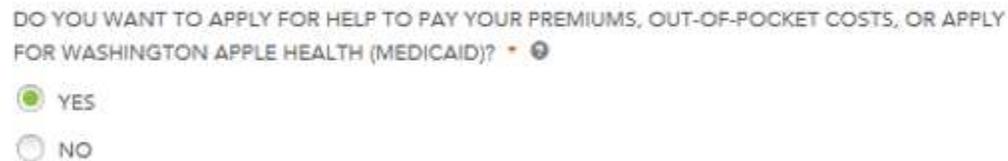


- 3.1 Introduction
- 3.2 Conditional eligibility
- 3.3 Document submission

3.1. Introduction

This chapter will cover the application flow for a customer who only wants to apply for tax credits, cost sharing reductions or Washington Apple Health (Medicaid)

On the customer's initial application, the **About You** screen asks the question below:



DO YOU WANT TO APPLY FOR HELP TO PAY YOUR PREMIUMS, OUT-OF-POCKET COSTS, OR APPLY FOR WASHINGTON APPLE HEALTH (MEDICAID)?

YES

NO

If the customer selects **Yes**, they are given the application flow that requires Income and Tax Filing Status questions that will be used to determine eligibility for tax credits or Washington Apple Health (Medicaid).

If the customer selects **No**, they are not be required to provide income and tax filing information and are indicating they would only like to apply for a Qualified health plan.

Special note – this application flow assumes a customer has already created an account prior to starting their application.

3.2. About You

Screen Shot

HOME | EN ESPAÑOL WELCOME, JMANKE1 [sign out] | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

About You * REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

FIRST NAME * M.I. LAST NAME * SUFFIX

Notice:
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER * DATE OF BIRTH *

SOCIAL SECURITY DISCLOSURE

SEX *

MALE
 FEMALE

WHO ARE YOU APPLYING FOR? *

DO YOU WANT TO APPLY FOR HELP TO PAY YOUR PREMIUMS, OUT-OF-POCKET COSTS, OR APPLY FOR WASHINGTON APPLE HEALTH (MEDICAID)? *

YES
 NO

RACE HISPANIC ORIGIN *

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? *

YES
 NO

Yes, I have read the Washington Healthplanfinder Privacy Policy *

Next >

Key Fields



- For detailed information regarding key fields of this screen, see Chapter 1: **Before You Start Your Application/About You/Person ID Matching**

3.2.1. Primary Applicant's Information

Screen Shot

Key Fields





Primary Applicant's Information *REQUIRED FIELD
 APPLICATION ID : 30000740

What is your home address?

I don't have a home address

ADDRESS LINE 1: 123 Home Dr ADDRESS LINE 2: Eg. Suite 1000

CITY *: Olympia STATE *: Washington ZIP *: 98512

COUNTY: THURSTON

What is your mailing address?

My mailing address is the same as my home address

I don't have a mailing address

ADDRESS LINE 1 *: 123 Home Dr ADDRESS LINE 2: Eg. Suite 1000

CITY *: Olympia STATE *: Washington ZIP *: 98512

COUNTY: THURSTON

KEY FIELDS

In this section of the application, the Primary Applicant will enter the **home and mailing address** for their household.

If a household has a separate mailing address then they can enter it here. If a customer inputs a mailing address, this is where the household will receive **correspondence** from *Washington Healthplanfinder* regarding their coverage.

Customer has the option to select **I don't have a home address** if they are homeless

If a customer identifies **I don't have a mailing address** they will be provided General Delivery options through USPS

Screen Shot

Key Fields

Provide ACP Number

ACP NUMBER *

Eg: 123456

[← Back](#) [Save →](#)

What...

My mailing address is the same as my home address

I don't have a mailing address

ADDRESS LINE 1 * ADDRESS LINE 2

PO Box 257 Eg. Suite 1000

CITY * STATE * ZIP *

Olympia Washington 98507

COUNTY

THURSTON

How may we reach you?

KEY FIELDS
For Customer's Enrolled in the Address Confidentiality Program:

- Customers who are enrolled in Washington's Address Confidentiality Program (also known as Postal Mailbox) will enter the following address in the home address fields: in place of their actual home address

Address: PO Box 257
 City: Olympia
 State: Washington
 Zip Code: 98507

- After inputting the address information and zip code, the pop-up shown on the left will appear. Each Address Confidentiality Program household will have a unique Address Confidentiality Program number that the Primary Applicant will input into this pop-up and press save.
- After pressing **Save**, the Primary Applicant will continue filling out the rest of the application.

Application note – the Customer Support Representative should inform the customer that they will be able to indicate which county they want coverage for on the Signature page at the end of the application.

Screen Shot

Key Fields

How may we reach you?

We will only use this contact information to reach you regarding your account and will only share it for official uses by health insurance carriers.

PHONE NUMBER	PHONE TYPE
<input type="text" value="(123) 456-7989"/>	<input type="text" value="Cell Phone"/>
ALTERNATE PHONE NUMBER	ALTERNATE PHONE TYPE
<input type="text" value="Eg. 123-456-7890"/>	<input type="text" value="-Select an Option-"/>

 **KEY FIELDS**

The Primary Applicant will provide a contact phone number, if *Washington Healthplanfinder* ever needs to reach them.

CAN YOU READ ENGLISH? *

- YES
- NO

DO YOU NEED YOUR NOTICES TRANSLATED? *

- YES
- NO

IN WHAT LANGUAGE DO YOU NEED DOCUMENTS TRANSLATED? *

CAN YOU SPEAK ENGLISH? *

- YES
- NO

 **KEY FIELDS**

Washington Healthplanfinder supports eight languages and offers translation services for each of its supported languages.

8 Supported Languages: Spanish, Cambodian, Chinese, Korean, Laotian, Russian, Vietnamese, Somali

If customers need correspondence/documents translated in one of the eight supported languages, they can indicate this here.

Customers who do not speak English can also be provided a translator upon request as long as that language is within the 8 supported

- o As you type the Language you needs the system will start to filter all languages that match what is being typed

Screen Shot

Key Fields

 **KEY FIELDS**
Authorized Representative
 I have an Authorized Representative 

FIRST NAME *

Lane

LAST NAME *

Kelly

ADDRESS LINE 1 *

8945 Frederick Ave

ADDRESS LINE 2

E.g. Suite 1000

CITY *

Tumwater

STATE *

Washington

ZIP *

98512

EMAIL

lakelly@helping.net

 I want my authorized representative to receive duplicate copies of my notification.

[< Back](#)
[Finish Later](#)
[Next >](#)

An **Authorized Representative (AREP)** is a person or organization that is authorized by an applicant or recipient to act on behalf of them. They must be an adult and must be someone outside of the household.

The following methods are allowed for the designation of an AREP

- Signature submitted through the *Washington Healthplanfinder* that are recorded over the phone
- Signatures submitted through the Health Care Authority over the phone
- Applications, renewals, and changes submitted through the *Washington Healthplanfinder*
- Handwritten signatures transmitted by fax or other electronic transmissions

An AREP has the ability to:

- Sign an application on the applicants behalf
- Complete and submit a renewal form
- Receive copies of the applicant or beneficiary's notices and other communications from the agency
- Act on behalf of the applicant or beneficiary in all eligibility matters with the agency

For example:

- A 19-year-old child who needs their own application for Medicaid may have one of their parents serve as an authorized representative.
- Only after the 19 year old has designated their parent as an authorized representative, can the parent make decisions or represent the child within *Washington Healthplanfinder* or over the phone with a Customer Support Center Representative.

Other common examples:

- Elderly adult has their adult child listed as an Authorized Representative

Screen Shot

Key Fields

- Spouse of Primary Applicant listed as Authorized representative

Application note – an Authorized Representative **is NOT** a navigator or broker. This is not the same thing as establishing a partnership with a customer. An Authorized Representative can submit a partial application on behalf of a customer.

 **KEY FIELDS**

The **Please confirm the address you entered** modal may appear. If there are addresses similar to the address entered *Washington Healthplanfinder* may make suggestions to confirm that the correct address was entered.

Select the radio button next to the correct address in the **Primary Applicant's Physical Address** and **Primary Applicant's Mailing Address**.

Select **Next**

Application tip – this will happen for the **Primary Applicant's Home Address** and the **Primary Applicant's Mailing Address**.

3.2.2. Confirm Your Identity

Screen Shot

Confirm Your Identity

Before we move forward, please answer the following questions so that we may verify your identity. If you are unable to answer these questions it will not prevent you from proceeding with the application. However, we may not be able to access information from our automated data sources to expedite your application.

You may have opened an auto loan or auto lease in or around October 2012. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select "NONE OF THE ABOVE/DOES NOT APPLY". *

- \$395 - \$494
- \$495 - \$594
- \$595 - \$694
- \$695 - \$794
- None of the above/does not apply

Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select "NONE OF THE ABOVE". *

- 2
- 3
- 4
- 5
- None of the above

Please select the model year of the vehicle you purchased or leased prior to April 2009. *

- 2003
- 2004
- None



Key Fields



If the Experian/ID Proofing service is called and information about the Primary Applicant is found then the Primary Applicant will be asked a series of questions – **Confirm Your Identity**.

The customer will answer the questions and those responses are passed to **the Federal Data Hub Services** to be verified.

If the Confirm Identity Screen is Verified by the Federal Hub:

- The customer will proceed with the remainder of the application

If the Confirm Identity Screen is NOT Verified by the Federal Hub:

- The customer will receive an error modal to call the Customer Support Center. The customer is not able to move forward without manual verification by a Customer Support Center Representative or broker/navigator.

NOTE: The customer could also receive this error because they do not have a credit history and therefore the Experian Data services could not run their information.

Navigators should contact their Lead Organization if they receive a ID Proofing error.

For brokers & navigators please reference the Support Network Training Page: **Resources – Manual ID Proofing Applications instructions posted.**

Exchange/Call center account workers, brokers and navigators can manually ID proof from within the customer's account when working through their application

3.2.3. Primary Applicant's Taxes

Screen Shot

HOME | EN ESPAÑOL WELCOME, JOHN MANKE (sign out) | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

Primary Applicant's Taxes * REQUIRED FIELD

We need to collect some tax information about you and your household from last year to verify your income and provide you accurate information about health insurance available to you.

WHAT WAS YOUR TAX FILING STATUS FOR TAX YEAR 2017? * Tax Filing Status Definitions ⓘ

Married filing taxes jointly ▼

WHO WAS THE PRIMARY TAX PAYER IN 2017? ⓘ

JOHN MANKE

JOHN MANKE'S SPOUSE

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2017 FOR TAX YEAR 2018? ⓘ

YES

NO

◀ Back Next ▶

Step-by-Step

KEY FIELDS

On the **Primary Applicant's Taxes** page, the customer provides accurate information to verify/confirm their tax filing status.

Tax filing status answers will affect the way tax credits are distributed.

For example, the customer must intend to file taxes in order to receive a tax credit.

Select the **Tax Filing Status Definitions** link to view descriptions of each tax filing status.

Application note – *Washington Healthplanfinder* will show up to three years of tax filing questions only if the applicant is applying between the start of Open Enrollment and the end of the calendar year.

For example, if the customer is applying for 2015 coverage between 11/15/2014 and 12/31/2014, Washington Healthplanfinder will ask about the tax statuses for 2013, 2014, and 2015.

The applicant will enter tax filing status for all three tax-filing years from the start of Open Enrollment to the end of the calendar year.

For special enrollment periods outside of Open Enrollment, an individual will complete tax filing status for last year and the current year.

Application note – **Primary Applicant's Taxes** pages will not appear when a customer is not applying for tax credits and Apple Health.

If customer selects **Married filing jointly** as their tax filing status, an additional field will appear:

Q: What was your tax filing status for previous tax year?

A: See the Tax Filing Definition screen for possible answer choices, accompanied by their definitions.

Q: Who was the primary tax payer in the previous tax year?

A: YOU – The Primary Applicant was listed as the primary tax payer of the household when filing their taxes

Screen Shot

Step-by-Step

SPOUSE – The spouse of the Primary Applicant was listed as the primary tax payer of the household when filing their taxes

Q: Is this person planning to file with the same tax status for the upcoming tax year?

A: Ask the customer to estimate, to the best of their ability, the appropriate answer.

- YES – Primary Applicant estimates their tax status will not change
- NO – Primary Applicant estimates their tax filing status will change, and must select a new tax filing status

Q: Is this person planning to file with the same tax status for next tax year?

A: Ask the customer to estimate, to the best of their ability, the appropriate answer.

- YES – Primary Applicant estimates their tax status will not change
- NO – Primary Applicant estimates their tax filing status will change, and must select a new tax filing status

***The “Tax Dependent” statuses will process properly only if the Primary Applicant (below the age of 19) is eligible for Apple Health. If a Primary Applicant with Apple Health has turned 19 within the plan year, they will not be auto-renewed and will need to manually renew and update their tax status. For Qualified health plans with tax credits, the primary applicant may not be a tax dependent of someone else; instead, that individual must be listed as a dependent on the tax filer’s application (where the tax filer is the primary applicant). For Qualified health plans the age limit of Child or Stepchild is 26 years.*

Screen Shot

Step-by-Step

Primary Applicant's Taxes

* REQUIRED FIELD

We need to collect some tax information about you and your household from last year to verify your income and provide you accurate information about health insurance available to you.

WHAT WAS YOUR TAX FILING STATUS FOR TAX YEAR 2013?

* Tax Filing Status Definitions ⓘ

Single filing taxes

--Select an Option--

Single filing taxes

Head of household

Qualified widow(er) with dependent child

Married filing taxes separately

Married filing taxes jointly

Tax dependent of someone on the application

Tax dependent of someone not on the application

Person has neither filed taxes nor was tax dependent

STATUS AS THAT OF 2013 FOR

 **KEY FIELDS**

A separate screen will display all tax filing status definitions. Applicants should review the tax filing status descriptions to determine which is applicable

See the screen below for details on each tax filing status definition

Tax filing status options are:

- Single Filing Taxes
- Head of Household
- Qualified widow(er) with dependent child
- Married filing taxes separately
- Married filing taxes jointly
- Tax dependent of someone on the application
- Tax dependent of someone not on the application
- Person has neither filed taxes nor was a tax dependent

Tax Filing Status Definitions

Single filing taxes: This individual is not married and does not qualify for another filing status.

Head of Household: If you are considered unmarried, you may be able to file as a head of household or as a qualifying widow(er) with a dependent child.

Qualified widow(er) with dependent children: IRS regulations provide that an individual may be eligible to use qualifying widow(er) with dependent child as their filing status for two years following the year their spouse died. If an individual's spouse died during the year, they are considered married for the whole year and can choose married filing jointly as their filing status.

Married filing taxes separately: This individual is married and she/he and their spouse do not agree to file a joint return. This individual must use this filing status unless they qualify for "head of household" status.

Married filing taxes jointly: This individual is married and she/he and their spouse agree to file a joint return. If this tax filing status is selected, the spouse, and combined income and deductions must be included on this application.

KEY FIELDS

The **primary applicant (not Assister/Customer support representative)** reviews the tax filing status definitions and determines which applies to the primary applicant.

Primary applicants may select one of the following tax filing statuses:

- Single filing taxes
- Head of household
- Qualified widow(er) with dependent child
- Married filing taxes separately
- Married filing taxes jointly
- Tax dependent of someone on the application
- Tax dependent of someone not on the application
- Person has neither filed taxes nor was tax dependent

NOTE: The following statuses may NOT be selected for the primary applicant, but may be selected for others in the household:

- Adult disabled tax dependent of someone not on the application
- Adult disabled tax dependent of someone on the application

Screen Shot

Step-by-Step

Adult disabled tax dependent of someone on the application: will be or has been claimed as a qualifying tax dependent, is over the age of 26, and is the child of the Primary Applicant for this application (to include natural, adoptive, or step child). Please visit www.irs.gov for more information as to who can be considered a qualifying adult tax dependent.

Tax dependent of someone on the application: An individual on this application plans to claim this individual as a qualifying person/tax dependent on their tax return. Please refer to [IRS regulations](#) for more information.

Adult disabled tax dependent of someone not on the application: will be or has been claimed as a qualifying tax dependent, is over the age of 26, and is a child of someone not on this application (to include natural, adoptive, or step child). Please visit www.irs.gov for more information as to who can be considered a qualifying adult tax dependent.

Tax dependent of someone not on the application: An individual that is not on this application plans to claim this individual as a qualifying person/tax dependent on their tax return. Please refer to [IRS regulations](#) for more information.

Person has neither filed taxes nor was tax dependent: This individual does not intend to file a tax return. Please refer to [IRS regulations](#) for more information.

3.3. Do You Have Other Household Members or Tax Dependents?

Screen Shot



Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as John Manke	Edit	Remove
John Manke	Male		12/31/1985	Yes	N/A		

Add Member

Back

Finish Later

Next

Step-by-Step



Once on the **Do You Have Other Household Members or Tax Dependents?** screen, the Primary Applicant has the opportunity to add personal details for all other members and tax dependents in their household. All household and tax dependents should be added, even if they do not need health care coverage.

Tax Filing Household can include the following relationships:

- Parent
- Legal guardianship
- Other relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grandchild
- Sibling
- Grandparent
- Step parent
- Step child

When first accessing this screen, the only household member listed will be the Primary Applicant.

To add additional household members, select **Add Individual** and the **Add Household Member** modal appears.

Screen Shot

Step-by-Step

Add Household Member

FIRST NAME * M.I. LAST NAME *

Mike E.g. J Jolly

SOCIAL SECURITY NUMBER * DATE OF BIRTH * SEX *

E.g. 123-45-6789 05/15/1990 MALE FEMALE

IS THIS PERSON AN AMERICAN INDIAN OR ALASKA NATIVE ? * YES NO

WHAT IS THE RELATIONSHIP BETWEEN THIS PERSON AND JANE JOLLY ? * Spouse (including same sex) ▼

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER ? * YES NO

DOES THIS PERSON LIVE IN THE SAME HOME AS JANE JOLLY ? * YES NO

← Cancel Save Save & Add Another →

KEY FIELDS

The screenshot to the left is an example of the Add Household Member modal, which appears when you add a member to the household.

FIRST NAME * M.I. LAST NAME *

Mike E.g. J Jolly

The **Add Household Member** modal will ask a series of questions about the household member or tax dependents that are important in determining the coverage options available to the household.

KEY FIELDS

Q: First name, Middle Initial, Last Name, and Suffix**First Name:**

- Full first name is required
- Minimum entry is two characters, maximum entry is 20 characters
- Numbers are not permitted

Last Name:

- Full last name is required
- Minimum entry is two characters, maximum entry is 20 characters
- Apostrophes and Hyphens are the only special characters permitted:
 - Hyphens: If someone has two last names/surnames split them with a hyphen (e.g., Smith-Jones)

Screen Shot

Step-by-Step

- Apostrophes: Limited to last names which start with D, L, and O (e.g., O'Donnell)

- Numbers are not permitted

Middle Initial:

- A middle initial should be entered, if possible
- Spaces and special characters within the middle name are not permitted

Leave entire field blank if there is no middle name. Do NOT put X, N/A, or NMN

Suffix:

- If applicable, the following suffixes are available in the dropdown menu:
 - Jr
 - II
 - III
 - IV
 - V
 - VI



SOCIAL SECURITY NUMBER ⓘ

E.g. 123-45-6789

DATE OF BIRTH ⓘ

01/15/1987

SEX ⓘ



MALE



FEMALE

Q: Social Security Number

Enter the individual's Social Security Number

Q: Date of birth

Enter the individual's date of birth, using the format MM/DD/YYYY

Q: Sex

Select "male" or "female" for the individual's sex

Screen Shot

Step-by-Step



RACE

Thai
Unreported
Vietnamese
White

HISPANIC ORIGIN

Not Reported

IS THIS PERSON AN AMERICAN INDIAN OR ALASKA NATIVE ?

YES NO

Q: Race & Hispanic Origin

Identify the customers race and Hispanic origin

Hispanic Origin dropdown offers:

- Cuban
- Mexican/Mexican-American/Chicano
- Not Reported
- Not Spanish/Hispanic
- Other Spanish/Hispanic
- Puerto Rican

Q: Is this person an American Indian or Alaska Native?

If the customer identifies their race as American Indian/Alaska Native the question **Is this person an American Indian or Alaska Native** will auto answer **Yes**

If the customer chooses **Yes** to **Is this person an American Indian or Alaskan Native**, then further questions and screens will appear, outlined below

Washington Healthplanfinder uses the annual Federal Tribal Register announcement that lists all of the federally recognized Tribes and Alaska Native Villages

In order to qualify for Qualified health plans and American Indian and Alaska Native benefits in *Washington Healthplanfinder*:

- The customer **must be a member of a federally-recognized tribe, band, Pueblo, Rancheria**, or must be a shareholder in an Alaska Native regional or village corporation; or a Canadian-born Native American in the United States under the Jay Treaty and 50% or more blood quantum

Screen Shot

Step-by-Step

- The customer's tribe, band, Pueblo, Rancheria, or Alaska Native regional or village corporation **must be listed in the annual Federal Register announcement**
- The customer must **fill out the appropriate fields in his/her application** within *Washington Healthplanfinder*
- The customer must submit proper tribal status documentation to verify that he/she is a member of the tribe, band, Pueblo, Rancheria, or Alaska Native regional or village corporation listed on his/her application; or a Canadian birth certificate and First Nation (tribal) certification of 50% or more blood quantum

Customers who are verified as American Indian and Alaska Native will be eligible for additional benefits within *Washington Healthplanfinder*

Tribal Benefits within *Washington Healthplanfinder* include:

- Cost-sharing reductions for certain income levels
 - Cost sharing reductions lower the amount of health care costs paid at the time one gets health care, such as going to the doctor
 - American Indian and Alaska Native (both individuals and families) with certain household incomes will not have copays or other costs if they obtain insurance through Washington Healthplanfinder
 - Cost sharing reductions are dependent upon purchasing a Silver Level tier plan. Customers may have Cost sharing reductions when they purchase a Bronze level plan
- No costs for using Indian Health Services
 - There are no copays or deductibles for American Indians who receive health care services or receive a referral through Indian Health Services, tribes, tribal organizations, or urban Indian organizations
- Special open enrollment periods
 - American Indians may change their health plan on a monthly basis, if they desire

Screen Shot

Step-by-Step

- No federal mandate
 - An additional protection exempts American Indians and Alaska Natives from the federal mandate requiring all individuals to purchase minimum health care coverage
- Select **YES** if individual is an American Indian or Alaska Native, as defined above.
- Select **NO** if the individual is not an American Indian or Alaska Native, as defined above.

HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT? *

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER? *

WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2016? *

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2016 FOR TAX YEAR 2017? *

Cancel

Select an Option:

- Parent
- Legal Guardianship
- Other Relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grand Child
- Sibling
- Grand Parent
- Step Parent
- Step Child

 **KEY FIELDS**

Q: What is the relationship between this person and <Primary Applicant Name>?

This is a relationship question between the new household member and the Primary Applicant. Select from the dropdown menu the appropriate relationship title. If the relationship is not listed, select “Unrelated.”

- Parent
- Legal guardianship
- Other relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grandchild
- Sibling
- Grandparent
- Step parent
- Step child

NOTE: New customers whose spouse passed away during the year can still claim tax filing status of “married filing jointly” for the remainder of

Screen Shot

Step-by-Step

the year. In this situation, the customer should add his/her spouse to the application and set the Household Relationship status as “deceased spouse.”

By selecting “deceased spouse” on the relationship field of the “Do you have other household members or tax dependents?” screen, the system will automatically adjust the application to “not seeking coverage” for the individual and will sync with technical business rules in the backend to prevent system errors related to mismatched tax filing status.

The “Is this person applying for coverage?” question will be auto selected to No (but the customer can still change it to Yes).

 **KEY FIELDS**

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER ? * YES NO

WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2016? *

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2016 FOR TAX YEAR 2017? * YES NO

IS THIS PERSON LIVING WITH THE PRIMARY APPLICANT ? * YES NO

IS THIS PERSON LIVING WITH THE PRIMARY APPLICANT ? * YES NO

ADDRESS LINE 1 * ADDRESS LINE 2

CITY * STATE *

ZIP * COUNTY

Q: Is this person applying for coverage or continuing existing coverage through Washington Healthplanfinder?

Customer will indicate if the household member is seeking coverage or not.

Q: What was the tax filing status of this person in Tax Year <current>?

Customer will indicate the tax filing status for the household member.

Q: Is this person planning to have the same tax filing status as that of <current year> for <next year>?

Customer will indicate if their tax filing status will be the same for the next year as it is for the current year.

Q: Is this person living with the primary applicant?

Customer will identify if the person is living with the Primary Applicant. If they are not living with the primary applicant they may be asked to provide an address of where the household member is living.

If the household member is not living in the household an address will be required.

Screen Shot

Step-by-Step

If the household member is not living in the household **and** not seeking coverage, then the address will **not** be requested.


KEY FIELDS

Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage.

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as John Manke	Edit	Remove
John Manke	Male		12/31/1985	Yes	N/A		
Jill Manke	Female		01/15/1987	Yes	Yes		

Add Member

< Back

Finish Later

Next >

The screenshot to the left is an example of what the **Do You Have Other Household Members or Tax Dependents?** screen will look like when completed.

If the customer needs to, at any time, make changes to the details of individuals in the household, individual details are edited by selecting the **green pencil** icon under the **edit** column.

A person living outside of the country may be added if:

- The dependent is not claimed by another taxpayer
- The dependent earns less than the personal exemption amount during the year
- The taxpayer provides more than half of the dependent's total support during the year
- The dependent must be a citizen or resident alien of the United States, Canada, or Mexico
- The dependent meets the relationship test

Application tip – If the **Finish Later** button is selected during the application flow users are prompted to confirm they want to “finish later”. When confirmed users are routed to the account home dashboard.

Screen Shot

Step-by-Step

Remove Shirley Hernandez

REASON FOR REMOVAL *

Death

DATE OF DEATH *

03/17/2015

You have indicated that you are removing this individual because they have passed away. Our records show that this person had a tax filing status of "Married Filing Jointly."

If the surviving spouse will continue to file their taxes as "Married filing jointly" for the current year, you must leave this person on the application. Please update their relationship to "deceased spouse" and answer all additional questions.

Cancel Next

Application note – For existing customers whose spouse passed away during the year can still claim tax filing status of “**married filing jointly**” for the remainder of the year. In this situation, the applicant should leave their spouse on the application and change his/her spouse’s Household Relationship status as “deceased spouse.”

If a Primary Applicant removes his/her spouse due to reason other than Death (e.g., Divorce), then he/she cannot claim **Married Filing Jointly**. The reason for removal pop-up will also instruct the user to change their relationship to “Unrelated.”

After a Primary Applicant has successfully submitted an application with a relationship “Deceased Spouse,” only an Account Worker will be able to change that relationship on future physical applications. The “Deceased Spouse” will remain on all future physical applications until removed.

The Reason for Removal modal will not be invoked when removing the “Deceased Spouse” during a Change Report and the previously inputted reason “Death” and Date of Death will be used.

3.3.1. American Indian/Alaska Native Screens

KEY FIELDS

Tribal Membership * REQUIRED FIELD

John Heathy

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? YES NO

Which Tribe? *

Search Tribe Name

TRIBE NAME:

Name

[Moh Indian Tribe](#)

1 Item Found.

Tribal Membership * REQUIRED FIELD

Please indicate Tribal Membership for the following members:

John Heathy

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? YES NO

Which Tribe? *

If the customer identifies that they are **American Indian/Alaska Native**, the following screen will appear during the Qualified health plan application flow.

On the **Tribal Membership** screen, the customer will have an opportunity to answer **Is this person a member of a federally recognized Tribe, Band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation?** for each and every customer in their household.

Answer **Yes** to the question **Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in Alaska Native Regional or village corporation**

Select **Search** next to **Which Tribe?**

In the **Search Tribe Name** field search by key words for tribe customer belongs to

Once identified select **green hyperlink** of tribe name to add to that individuals Tribal Membership field

If the customer cannot find their Tribe on the list they may not be using the name exactly as it is on the list released annually by the Bureau of Indian Affairs through the U.S. Federal Register. They may refer to the Federal Register listing at:
<https://www.federalregister.gov/articles/2013/05/06/2013-10649/indian-entities-recognized-and-eligible-to-receive-services-from-the-united-states-bureau-of-indian>

If an AI/AN is an enrolled member of a non-federally recognized Tribe, they may not be eligible for the Qualified health plan AI/AN benefits.

3.3.2. Set Household Relationships

Screen Shot

KEY FIELDS

The Set Household Relationships page is where the individual must testify to a matrix of household relationships. There will be certain relationships that are not editable; those may be changed by moving “back” a page and editing the relationship question on the Add Household Member pop-up. The relationships that are grayed out are ones specifically between the Primary Applicant and Added Member (Not between other household members e.g. Spouse and Child), in these instances, the Primary Applicant has already stated the relationship when adding that household member.

For each relationship listed, a relationship must be selected from the appropriate dropdown menu.

If the appropriate relationship is not listed, select “Unrelated.”

- Parent
- Legal guardianship
- Other relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grandchild
- Sibling
- Grandparent
- Step parent
- Stepchild

3.3.3. **Additional Questions**

Additional Questions

* REQUIRED FIELD

The information below is needed to determine eligibility for those applying for coverage. Please respond to the questions below for the members of your application who are applying for coverage:

- * John Manke
- * Jilly Manke

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? * YES NO

Are any of the members listed above currently incarcerated? * YES NO

Have any of the members listed above regularly used tobacco products in the last 6 months? * YES NO
(Note: Your answer to this question will not be used to check your eligibility for Washington Apple Health or Health Insurance Premium Tax Credits.)

Do any of the members listed above have health insurance? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. * YES NO

Have any of the children lost health insurance within the last 4 months? * YES NO

Are all the members listed above residents of the state of Washington? * YES NO

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

- YES
- NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, 1-800-348-4881. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email elections@sox.wa.gov, or call 1-800-348-4881.

← Back

Finish Later **Next** →



Additional Questions Page Summary

The *Additional Questions* screen asks a series of questions that may affect the eligibility and plan options for household members seeking coverage.

Each question on this page is presented in a **Yes/No** answer format. Depending on how the customer answers the questions, **additional follow up questions** may appear.

Individuals who are seeking coverage will be listed on this screen and will be required to respond to the questions. Any individual who is in the household but is not seeking coverage will not be listed in this introduction section.

The questions and their respective additional follow up questions detailed below.

Certain questions will only appear if certain criteria is met on the application such as questions about children over 26 years old and if any children in the household have had coverage in the last four months.

Certain questions which do not impact Apple Health eligibility have a disclaimer for the customer indicating the answer will not be used to determine eligibility for Washington Apple Health.

Screen Shot

Step-by-Step

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? * YES NO

Please check the box below for any member who is not a US citizen or national.

Dion Wilkerson

Is this person lawfully present in the US? * YES NO

Date of entry to U.S. *

Does this person have an immigration document? * YES NO

Immigration Document Type *

- Select an Option-
- Permanent Resident Card with photograph (Form I-551)
- I-20 Certificate of Eligibility for non-immigrant student
- I-327 Reentry Permit
- I-671 Refugee Travel Document
- DS2019 Certificate of Eligibility for Exchange Visitor
- I-766 Employment Authorization Card
- Temporary I-551 Stamp
- I-94 Arrival or Departure Record
- Machine Readable Immigrant Visa (with Temp I-551 Language)
- Other

Are any of the members listed above currently incarcerated? * YES NO

Have any of the members listed above regularly used tobacco products in the last 6 months? * YES NO

(Note: Your answer to this question will not be used to check your eligibility for Washington Apple Health or Health Insurance Premium Tax Credits.)

Do any of the members listed above have health insurance? * YES NO

Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. *

KEY FIELDS

Q: Are all the members listed above US citizens (including naturalized or derived citizens) or US nationals?

- YES
 - ALL household members listed above are US Citizens
- NO
 - One or more household members listed above are not US Citizens

If NO, a list of household members seeking coverage will appear. Select the checkbox next to the name(s) of household members who are NOT US Citizens.

Q: Is this person lawfully present in the US?

Customer attests as to whether or not the individual(s) are currently lawfully present in the US

- YES
 - Individual is lawfully present
- NO
 - Individual is not lawfully present

Q: Date of Entry to US

Enter date of entry into the US in the format MM/DD/YYYY (e.g., 11/11/2011)

Q: Does this person have an immigration document?

- YES
- NO
 - Individual is not lawfully present

Screen Shot

Step-by-Step

IF YES:

Use the dropdown menu to select document type

- **Q: Immigration Document Type**
Use the dropdown menu to select document type
- **Q: Alien Number***
- **Q: Receipt Number***

Q: Does this person have a foreign passport?*

Customer may need to provide additional details for non-US Citizens, including country of citizenship passport number, country name, date of entry into the US, and the passport expiration date.

- YES
 - **Q: Passport number**
Enter the full passport document ID number

Application tip – Questions may vary based upon Immigration Document Type provided

Are any of the members listed above currently incarcerated? *  YES NO

Please check the box for any member who is incarcerated.

Jeff Rydalch
Is this member pending disposition of charges? *  YES NO

Lynne Rydalch

 **KEY FIELDS**

Q: Are any of the members listed above currently incarcerated?

- YES
 - One or more household members listed above are currently incarcerated
- NO
 - NONE of the household members are incarcerated.

If YES, a list of household members will appear. Select the checkbox next to the name(s) of any household members who are incarcerated.

Screen Shot

Step-by-Step

Q: Is this member pending disposition of charges?

Customer attests as to whether or not the individual(s) are currently pending disposition of charges.

- YES
 - Individual is pending disposition of charges
 - NO
 - Individual is not pending disposition of charges
-

Screen Shot

Have any of the members listed above regularly used tobacco products in the last 6 months? *  YES NO

Please check the box for any member who has used tobacco products in the last 6 months.

Jeff Rydalch

Lynne Rydalch

Step-by-Step

 **KEY FIELDS**
Q: Have any of the household members listed above regularly used tobacco products in the past 6 months?

- YES
 - One or more household members listed above are regular tobacco users for the past 6 months
- NO
 - NONE of the household members listed above are regular tobacco users for the past 6 months

If YES, a list of household members will appear. Select the checkbox next to the name(s) of all household members who ARE regular tobacco users for the past 6 months.

Application tip – Being a regular tobacco user may affect plan rates.

 **KEY FIELDS**
Q: Is any household member on this application currently pregnant?

This question applies to all female household members listed on the application (as part of the household) including both those who are seeking coverage and those who are not.

- YES
 - One or more household members listed on the application are currently pregnant
- NO
 - NONE of the household members listed on the application are currently pregnant

If YES, a list of female household members will appear. Select the checkbox next to the name(s) of all household members who ARE currently pregnant.

Is any household member on this application currently pregnant? *  YES NO

Please check the box for any member who is pregnant:

Abby Rose

Pregnancy Due Date * 

Number of babies expected *

Screen Shot

Step-by-Step

NOTE: This question affects the coverage time period for the pregnant individual. The coverage ends per the entered due date.

Q: Pregnancy due date

Enter date of expected pregnancy due date in the format MM/DD/YYYY (e.g., 03/11/2015)

Q: Number of babies expected

Enter the number of babies expected (e.g., 1, 2, or 3, etc.)

Do any of the members listed above have health insurance? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. * 

YES NO

Please check the box for any member who has other coverage.

Alexander Hamilton

 **KEY FIELDS**

Do any of the members listed above have health insurance? Do not include Washington Apple Health (Medicaid) or coverage from Washington Healthplanfinder.

- YES
 - One or more of the household members listed on the application who ARE seeking coverage WILL have other active health insurance coverage on the plan effective date
- NO
 - NONE of the household members listed on the application who ARE seeking coverage will have active health insurance coverage on the plan effective date

If YES, a list of household members will appear. Select the checkbox next to the name(s) of all household members who ARE seeking coverage AND will have other active health insurance coverage on the plan effective date.

A list of possible other health insurance types appears. Select the insurance type that applies to each selected individual

- Employer Sponsored Insurance
- Medicare
- Tri-Care
- VA Health Benefits

Screen Shot

Step-by-Step

- Peace Corps
- Other

Additional detail fields will appear beneath the selected health insurance type. Enter the required details.

Q: Policy holder's name

Enter the policyholder's name. This may be a name other than the individual currently listed.

Q: Policy holder's date of birth

Enter date of birth of the policy holder listed in the previous question in the format MM/DD/YYYY (E.g., 03/11/2015)

Q: Policy number

Enter the full "individual" health insurance policy number

Q: Group number

Enter the full "group" health insurance policy number

Q: Name of the carrier

Enter the full name of the insurance carrier (insurance company; e.g., Aetna, Regence, Premera)

Q: Select all other members covered under this plan

If other household members are listed on the same plan, select the checkbox next to the name(s) of those household members. If no other household members are listed on the same plan, leave all boxes blank.

TIP: Estimating Plan Effective Date

If customer completes enrollment (signs the application, makes plan selection, and confirms plan selection (*if applicable, based on eligibility determination*)) BEFORE the cutoff of 11:59 pm PT on the 15th of the month then the coverage start/effective date will be the first of the next month. If enrollment is completed after the cutoff, coverage start date would be the first of the month following the next month

Screen Shot	Step-by-Step
	<p>For example: If customer completes enrollment on 5/14 then the coverage start date would be 6/1. If the customer completes enrollment on 5/20 then the coverage start date would be 7/1.</p>

Have any of the children lost health insurance within the last 4 months? * YES NO

Please check the box for any child who has lost coverage in the last 4 months.

Jilly Manke

 **KEY FIELDS**

Q: Have any of the children lost health insurance within the last 4 months?

- YES
 - Check all children in the household who have had health insurance in the last 4 months
- NO
 - Select **No** if none of the children have lost health insurance in the last 4 months

Are all the members listed above residents of the state of Washington? * YES NO

Jeff Rydalch

Lynne Rydalch

 **KEY FIELDS**

Q: Are all members listed above residents of the State of Washington?

- YES
 - ALL household members listed above are residents of the State of Washington (I.e., live and pay taxes, if applicable, in Washington)
- NO
 - One or more individuals listed above are NOT residents of the State of Washington.

Screen Shot

Step-by-Step

- If NO, additional details fields will appear. Select the names for the individual(s) who are NOT residents of the State of Washington. All individuals who are selected with the checkbox as not being residents of the state of Washington WILL NOT be eligible for coverage through *Washington Healthplanfinder*.

 **KEY FIELDS**

Do you have an adult child who is a disabled dependent 26 years or older? YES NO

Shirley Hernandez

Q: Do you have an adult child who is a disabled dependent 26 years or older?

This question applies to household members listed on the application as dependents and are over 26 years of age who are seeking coverage.

- YES
 - There are members above who are over the age of 26 and considered an adult disabled dependent
 - If YES, a list of applicable household members will appear and the applicant can check off who this question applies to.
- NO
 - There are no members above who are over the age of 26 and considered an adult disabled dependent
 - If NO, any dependents over the age of 26 may not be eligible for coverage with this household application. They may have to file a separate application.

Screen Shot

Step-by-Step

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

- YES
 NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, [1-800-448-4881](tel:1-800-448-4881). The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email elections@sos.wa.gov, or call [1-800-448-4881](tel:1-800-448-4881).

◀ Back

Save and Exit

Next ▶

 **KEY FIELDS**

Q: If you are not registered to vote where you live now, would you like to apply to register to vote?

This question applies to the primary applicant listed on the application.

- YES
 - The primary application will be linked to the Secretary of State voter registration website where they may register online, download and print a voter registration application, or request that a voter registration form be mailed to them.
 - The Secretary of State voter registration site opens behind the *Washington Healthplanfinder* application and appears when the user closes the application.
- NO
 - The primary applicant is choosing not to register to vote at this time or is already registered.

The primary applicants answer to this question will not affect their eligibility.

Application tip – The application cannot proceed until the question is answered.

For account workers who are processing paper applications, older versions of the paper application will not have the voter registration question on the form.

- If the paper application does not have the voter registration question listed or if the primary application did not respond to this question, select NO to this question.

Screen Shot

Step-by-Step

- If the primary applicant answer the voter registration question, account workers will answer this question according to how it is answered on their application.

Account Workers who are helping a customer over the phone will ask the customer this question and input the customer’s answer accordingly.

If a customer selects **YES** to this question, **see below for the step-by-step process.**

Application tip – An account worker **cannot** fill out the voter registration form on behalf of the customer.



For paper applications and when account workers are assisting customers on the phone where the customer has answered **Yes** for the voter registration question:

The Account Worker will select **Yes** on the voter registration question.

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

Yes

No

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, 1-800-448-4881. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email elections@sos.wa.gov, or call 1-800-448-4881.

← Back Save and Exit Next →

Screen Shot

Step-by-Step

2 STEP

first name

last name

Date of Birth
 Month (MM) Day (DD) Year (YYYY)

[continue](#)

[Accessibility](#)

Upon selecting **Yes** to the voter registration question, the Secretary of State screen will open in a separate browser window/tab. This is an external website for voter registration and is outside of the *Washington Healthplanfinder* system.

The Account Worker will enter the applicant's first name, last name, and date of birth and select **continue**.

3 STEP

It appears you are not currently registered to vote in Washington. Please click "Register to Vote" to begin the registration process.

If you believe you are registered to vote, please check the information entered below. If you need to make a correction, make it below and click "continue".

[Register to Vote →](#)

first name

last name

Date of Birth
 Month (MM) Day (DD) Year (YYYY)

[continue](#)

[Accessibility](#)

After selecting **continue**, the website will check to see whether the individual has already registered to vote according to the information provided.

If not, red text will show noting that the individual is not currently registered to vote. The Account Worker will select **Register to Vote**.

Screen Shot

Step-by-Step



4 STEP

Select the **register to vote** link.

Then select the **register by mail**.

Special note – selecting **start new registration** button will take the account worker to the online version of the voter registration form. An account worker **cannot** fill out the voter registration form on behalf of the customer but they can request to have the voter registration form mailed to the customer.

MyVote

5 STEP



Select **request by mail** link.

Then select **By mail** on the **Elections & Voting** page.

Screen Shot

Step-by-Step

Requesting Voter Registration Forms By Mail



! Are you representing a State or Public Agency?

Please use the [State/Public Agency Request Form](#). The form below is intended only for individual voters and voter registration drives.

Contact name *

Mailing address *

City *

State *

Washington ▾

Zip *

Phone *

Email

Number of Voter Registration Forms

You cannot request more than 1000 total forms.

English

Chinese

Spanish

Vietnamese

Submit

Fill in the following with the customer's information:

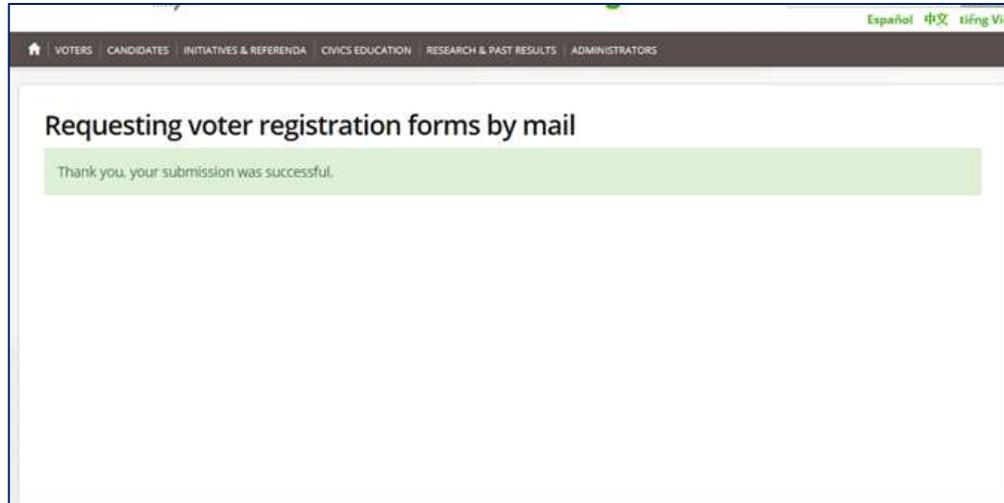
- Contact Name
- Mailing Address
- City
- State
- Zip
- Phone
- Email

Choose the language/number of forms requested for the voter registration form.

Select **Submit**.

Screen Shot

Step-by-Step



7 STEP

The process is now complete to request voter registration forms by mail for the customer.

The account worker will close the Secretary of State page and proceed with the remainder of the application in *Washington Healthplanfinder*.

3.3.4. Additional Screening Questions

Screen Shot | **Step-by-Step**



The *Additional Screening Questions* screen asks a series of questions for household members seeking coverage.

Each main question on this page is presented in a **Yes/No** answer format. Depending on how the customer answers the questions, **additional follow up** questions may appear.

The questions are asked based on the members applying for coverage, who will be listed at the stop of this screen.

[HOME](#) | [EN ESPAÑOL](#) | WELCOME, JOHN MANKE | [SIGN OUT](#) | [CUSTOMER SUPPORT](#)

1 Browse | 2 Apply | 3 Select | 4 Finalize

Additional Screening Questions * REQUIRED FIELD

Long Term Care Coverage

Do any of the members applying for coverage need any of these services?

* John Manke

* Jilly Manke

Long-term care services because they are living in a medical facility, such as a nursing home: * YES NO

In-home care-giver: * YES NO

Assisted Living services: * YES NO

Services through the Division of Developmental Disabilities: * YES NO

Hospice care: * YES NO

A disability determination because of a disabling condition expected to last at least 12 months or result in death: * YES NO

Unpaid Medical Expenses

Do any of these members have unpaid medical expenses from the last three months, not including this month? * YES NO

Screen Shot

Long-term care services because they are living in a medical facility, such as a nursing home * YES NO

Step-by-Step

 **KEY FIELDS**

Q: Long-term care services because they are currently living in or expect to move to a medical facility, like a nursing home

Ask the customer to estimate, to the best of their ability, the appropriate answer.

- YES –
 - When selecting this answer, additional fields will appear in which the customer will need to select the appropriate individual for whom this applies
 - SELECT the checkbox for the appropriate individual
 - When selecting an individual, a dropdown menu will appear
 - SELECT the appropriate Type of Facility:
 - Nursing Facility
 - Hospital
 - Veteran nursing facility
 - State hospital (IMD)
 - Hospice care center
 - Intermediate care facility for intellectually disabled
- NO – Question does not apply to any household members

 **KEY FIELDS**

Q: In-home caregiver

Ask the customer to estimate, to the best of their ability, the appropriate answer.

- YES – When selecting this answer, additional fields will appear in which the customer will need to select the appropriate individual for whom this applies
 - SELECT the checkbox for the appropriate individual

In-home care-giver * YES NO

Screen Shot

Step-by-Step

- NO – Question does not apply to any household members

Assisted Living services 

YES NO

 **KEY FIELDS**

Q: Assisted Living services

Ask the customer to estimate, to the best of their ability, the appropriate answer.

- YES – When selecting this answer, additional fields will appear in which the customer will need to select the appropriate individual for whom this applies
 - SELECT the checkbox for the appropriate individual
- NO – Question does not apply to any household members

Services through the Division of Developmental Disabilities 

YES NO

 **KEY FIELDS**

Q: Services through the Division of Development Disabilities

Ask the customer to estimate, to the best of their ability, the appropriate answer.

- YES – When selecting this answer, additional fields will appear in which the customer will need to select the appropriate individual for whom this applies
 - SELECT the checkbox for the appropriate individual
- NO – Question does not apply to any household members

Screen Shot

Step-by-Step

Hospice care * ●

 YES NO KEY FIELDS**Q: Hospice care?***Ask the customer to estimate, to the best of their ability.*

- YES – When selecting this answer, additional fields will appear in which the customer will need to select the appropriate individual for whom this applies
 - SELECT the checkbox for the appropriate individual
- NO – Question does not apply to any household members

A disability determination because of a disabling condition expected to last at least 12 months or result in death * ● YES NO KEY FIELDS**Q: A disability determination because of a disabling condition expected to last 12 months or longer or result in death***Ask the customer to estimate, to the best of their ability.*

- YES – When selecting this answer, additional fields will appear in which the customer will need to select the appropriate individual for whom this applies
 - SELECT the checkbox for the appropriate individual
- NO – Question does not apply to any household members

Unpaid Medical Expenses

Do any of these members have unpaid medical expenses from the last three months, not including this month? * ● YES NO KEY FIELDS**Q: Do any of these members have any unpaid medical expenses incurred within three months of this application?***Ask the customer to estimate, to the best of their ability.*

- YES – When selecting this answer, additional fields will appear in which the customer will need to select the appropriate individual for whom this applies
 - SELECT the checkbox for the appropriate individual
- NO – Question does not apply to any household members

3.3.5. Household Income

Screen Shot

HOME | DECEMBER | WELCOME, JOHN MANGE | view profile | CUSTOMER SUPPORT

washington healthplanfinder
it's. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

Household Income * REQUIRED FIELD

In this section, answer the following questions for all household members as accurately as you can. Only enter information about the types of income listed.

Report income of minors and tax dependents regardless of age unless the minor or tax dependent will not be required to file taxes. For more information about tax filing requirements, please click [here](#).

You will have the opportunity to review a summary of your household income and deductions before submitting your application.

Household Income

Are you or someone in your household currently employed not including any self-employment? (see question below for self-employment) *

John Mande YES NO

Are you a public employee (do you work for a municipal, city, county, state government? Or as an employee of a public education system)? *

John Mande YES NO

Are you or someone in your household currently self-employed? *

YES NO

Have you or someone in your household received dividend payments from companies in which you hold stock, shares or ownership, interest payments (both taxable and tax exempt), capital gains or losses, farm income or losses, or income from partnerships, S corporations, trusts, etc., other than what you reported above for self-employment? *

YES NO

Do you or someone in your household receive income from renting a home or royalties that was not included in your self-employment income? *

YES NO

Do you or someone in your household expect to receive unemployment income this month? *

YES NO

Do you or someone in your household receive social security or railroad retirement benefits? *

YES NO

Do you or someone in your household receive an annuity or pension (including military retirement that is not disability related) or IRA distribution income? *

YES NO

Do you or someone in your household receive alimony/spousal support, foreign named income, other charitable gains or losses, or Economic Development funds from tribes (for example, per capita distributions from gaming)? *

YES NO

Step-by-Step

Household Income Page Summary

The **Household Income** page asks a series of questions about household income and deductions for household members who earn a taxable income.

Each main question on this page is presented in a **Yes/No** answer format. Depending on how the customer answers the questions, **additional follow up** questions may appear.

Application note – customers must report income for individuals within their household who have taxable income levels at any age.

Income and deductions pages do not appear when a customer is not applying for tax credits and Apple Health.

Income and deduction questions are for all household members – **regardless of whether they are seeking coverage or not**

Washington Healthplanfinder will only ask for the income and deductions needed to calculate your eligibility. If you don't see a place to enter a type of income you get, like child support, it's because that income type is not needed and you don't need to enter it.

More information can be found on the corporate page [How to Report Income](#)

Screen Shot

Step-by-Step

Household Income

Are you or someone in your household currently employed not including any self-employment? (see question below for self-employment) *

YES NO

John Manke

Are you a public employee (do you work for a municipal, city, county, state government? Or as an employee of a public education system?) *

YES NO

Jilly Manke

Are you or someone in your household currently self-employed? *

YES NO

William Hernandez

Shirley Hernandez

 KEY FIELDS

Q: Are you or someone in your household currently employed?

- YES
 - The Primary Applicant OR someone else in the household IS currently employed
- NO
 - NO members of household are currently employed

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members who are employed.

For each selected individual, an additional question will appear.

Q: Are you a public employee (do you work for a municipality, city, county, state government, or as an employee of a public education system?)

- YES
 - Individual is employed by an entity included in the aforementioned list
- NO
 - Individual is employed by an entity that is not listed

 KEY FIELDS

Q: Are you or someone in your household currently self-employed?

- YES
 - The Primary Application or someone else in the household is self-employed
 - **Special note** – this does not include self-employment tax. Self-employment tax is covered in **deductions** on this page
- NO

Screen Shot

Step-by-Step

- NO members of household are currently self-employed

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members who are self-employed.

Have you or someone in your household received: dividend payments from companies in which you hold stock, shares or ownership, interest payments (both taxable and tax-exempt), capital gains or losses, farm income or losses, or income from partnerships, S corporations, trusts, etc., other than what you reported above for self employment? * ⓘ

YES NO

- Andrea Kelly
- Husband Kelly

 **KEY FIELDS**

Q: Have you or someone in your household received divided payments from companies in which you hold stock, shares, or ownership?

- YES
 - The Primary Application OR someone else in the household received in the past tax year any of the listed types of income
- NO
 - NO members of household received any of the listed types of income in the past year

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members to whom this applies.

Do you or someone in your household receive income from renting a home or royalties that was not included in your self-employment income? * ⓘ

YES NO

- William Hernandez
- Shirley Hernandez

 **KEY FIELDS**

Q: Do you or someone in your household receive monthly income from renting a home that was not included in your self-employment income?

- YES
 - The Primary Application OR someone else in the household DOES currently receive income related to renting a home, as well as any other unrelated royalties that were not included in the self-employment income section
- NO
 - NO members of household received income related to renting a home, nor any other unrelated royalties that

Screen Shot

Step-by-Step

were not included in the self-employment income section

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members to whom this applies.

Do you or someone in your household expect to receive unemployment income this month? 

YES NO

- William Hernandez
- Shirley Hernandez

 **KEY FIELDS**

Q: Do you or someone in your household expect to receive unemployment income this month?

- YES
 - The Primary Application OR someone else in the household WILL receive unemployment income for the current month
- NO
 - NO members of household will receive unemployment income for the current month

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members for whom this applies.

Do you or someone in your household receive social security or railroad retirement benefits? 

YES NO

- William Hernandez
- Shirley Hernandez

 **KEY FIELDS**

Q: Do you or someone in your household receive social security or railroad retirement benefits?

- YES
 - The Primary Applicant OR someone else in the household currently receives social security or railroad retirement benefits
 - NO members of the household currently receive social security or railroad retirement benefits
 - No one in the household is currently employed

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members for whom this applies.

Screen Shot

Step-by-Step

Special note – do not include Supplemental Security Income (SSI)

Do you or someone in your household receive an annuity or pension (including military retirement that is not disability related) or IRA distribution income? * 

YES NO

- William Hernandez
- Shirley Hernandez

 **KEY FIELDS**

Q: Do you or someone in your household receive a pension, military retirement or monthly annuity or IRA income?

- YES
 - The Primary Application OR someone else in the household currently receives at least one of the types of income listed
- NO
 - NO members of household receive any of the types of income listed

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members for whom this applies.

Do you or someone in your household receive alimony/spousal support, foreign earned income, other claimable gains or losses, or Economic Development funds from tribes (for example, per capita distributions from gaming)? * 

YES NO

- William Hernandez
- Shirley Hernandez

 **KEY FIELDS**

Q: Do you or someone in your household receive economic development funds from a tribe?

- YES
 - The Primary Application OR someone else in the household currently receives at least one of the types of income listed
- NO
 - NO members of household receive any of the types of income listed

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members for whom this applies.

Screen Shot

Step-by-Step

Deductions

You are being asked additional questions regarding deductions the IRS may allow you. These deductions may lower the amount of your countable income. If you do not want to answer these questions, you may still qualify for free or low cost health insurance through Washington Healthplanfinder.

If you or someone in your household is a student attending a college of higher education, do you pay tuition or other school related fees? * ⓘ

YES NO

- Andrea Kelly
 Husband Kelly

 KEY FIELDS

Q: If you or someone in your household is a student attending a college of higher education, do you pay tuition or other school related fees?

- YES
 - The Primary Applicant OR someone else in the household IS currently a student attending a college of higher education AND pays tuition or other school-related fees
 - **Special note** – this does not include student loan interest, which is covered later in this section
- NO
 - NO members of household are currently students attending a college of higher education, and therefore are not paying any tuition or other school-related fees

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members for whom this applies.

Screen Shot

Do you or someone in your household contribute monthly to a Health Savings Account? * 

YES NO

- Andrea Kelly
 Husband Kelly

Step-by-Step

 KEY FIELDS

Q: Do you or someone in your household contribute monthly to a Health Savings Account?

- YES
 - The Primary Application OR someone else in the household currently contributes monthly to a Health Savings Account (HSA)
- NO
 - NO members of household currently contributes monthly to a Health Savings Account

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members for whom this applies.

Do you or someone in your household have any of the following expenses: alimony/spousal support, student loan interest, educator expenses, moving costs since January of the current year, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials? For each of these categories, please provide the amount that the IRS would allow you to subtract from total income to calculate your adjusted gross income. * 

YES NO

- Andrea Kelly
 Husband Kelly

 KEY FIELDS

Q: Do you or someone in your household have any of the following expenses: alimony/spousal support, student loan interest, educator expenses, moving costs since January of the current year, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials? For each of these categories, please provide the amount that the IRS would allow you to subtract from total income to calculate your adjusted gross income.

Application tip – this is where any student loan interest is captured

- YES
 - The Primary Application OR someone else in the household currently pays at least one of the listed expenses
- NO
 - NO members of household currently pay any of the listed expenses

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members for whom this applies.

3.3.6. Household Income Details Page

Screen Shot

Step-by-Step

Household Income Details * REQUIRED FIELD

On the previous screen, you provided information about the types of income that come from members of your household. Please provide the amount of income for each type and each household member below. You may add additional employment income for a household member by selecting "Add More." If you have incorrectly identified a household member as someone who contributes income, please select "Back" below to change this information on the previous screen.

Employment Income

John Manke

GROSS MONTHLY AMOUNT * *	
\$ 3,500.00	
EMPLOYER NAME *	EMPLOYER ADDRESS LINE 1 *
Olympia Hardware	123 Wood Ln
EMPLOYER ADDRESS LINE 2	EMPLOYER CITY *
	Olympia
EMPLOYER STATE *	ZIP * COUNTY
Washington	98512 Thurston
DID YOUR EMPLOYER GIVE YOU A CHANCE TO SIGN UP FOR HEALTH INSURANCE THAT MEETS THE MINIMUM VALUE STANDARDS OF THE AFFORDABLE CARE ACT? * *	
(Note: Your answer to this question will only be used to check your eligibility for Health Insurance Premium Tax Credits.)	
SELECT ALL MEMBERS OFFERED COVERAGE UNDER THIS PLAN *	
<input type="checkbox"/> John Manke	
<input type="checkbox"/> Jilly Manke	
HOW MUCH DOES YOUR EMPLOYER'S INSURANCE COST EACH MONTH TO ONLY COVER YOU? * *	
\$ 0.00	
(Note: Your answer to this question will only be used to check your eligibility for Health Insurance Premium Tax Credits.)	

Add More

← Back

Finish Later

Next →

Household Income Details Page

The *Household Income Details* screen asks a series of additional detailed questions about household income and deductions based on questions from the **Household Income** page that were selected **Yes** as applying to at least one member of the household.

The questions on this page are presented in a variety of formats, including specific questions regarding the sources, amounts, and frequency of income and deductions. Details can be found in the following pages.

Screen Shot

Step-by-Step

GROSS MONTHLY AMOUNT * 

\$ 3,500.00

EMPLOYER NAME *

Olympia Hardware

EMPLOYER ADDRESS LINE 1 *

123 Wood Ln

EMPLOYER ADDRESS LINE 2 *

EMPLOYER CITY *

Olympia

EMPLOYER STATE *

Washington

ZIP *

98512

COUNTY

THURSTON

DID YOUR EMPLOYER GIVE YOU A CHANCE TO SIGN UP FOR HEALTH INSURANCE THAT MEETS THE MINIMUM VALUE STANDARDS OF THE AFFORDABLE CARE ACT? * 

(Note: Your answer to this question will only be used to check your eligibility for Health Insurance Premium Tax Credits.)

YES NO

SELECT ALL MEMBERS OFFERED COVERAGE UNDER THIS PLAN *

John Manke

Jilly Manke

HOW MUCH DOES YOUR EMPLOYER'S INSURANCE COST EACH MONTH TO ONLY COVER YOU? * 

\$ 0.00

(Note: Your answer to this question will only be used to check your eligibility for Health Insurance Premium Tax Credits.)

 KEY FIELDS
Employment Income

This section relates to income from employment not including self-employment.

Q: Gross monthly amount

Enter the gross (total before taxes or deductions) MONTHLY amount. If individual receives income at a different frequency (e.g., biweekly, semi-annually, annually, etc.) then calculate what the annual income is, then divide that by 12 to get the monthly amount.

Q: Employer name

Enter the full name of the employer.

Q: Employer address line 1

Enter the physical or redress address of the employer.

Q: Employer address line 2

Enter the unit number of the employer, if applicable.

Q: Employer city

Enter the employer city.

Q: Employer state

Select from the dropdown menu the appropriate employer state.

Q: ZIP

Enter the employer ZIP code.

Q: County

Select from the dropdown menu the appropriate employer county.

(continued on next page)

Screen Shot

Step-by-Step

Q: Does your employer offer a health plan that meets the minimum value standard?**Definition:**

- Minimum Essential Coverage:
 - Employer-sponsored plans must satisfy two requirements:
 1. Minimum value, which evaluates the coverage comprehensiveness of the plan
 2. Affordability, which evaluates the ability of an employee to pay for the lowest cost employee only coverage plan. This does not take into account that cost to coverage additional family members. If the monthly premium cost of the lowest cost employee-only plan is <9.5% of the employee's total monthly income, then it is deemed affordable and will affect the eligibility of the family for tax credits. The Department of Health and Human Services offers a minimum value calculator to assist in this process.
- YES
 - The employer DOES offer a plan that meets minimum value standard
- NO
 - The employer DOES offer a plan but it does not meet the minimum value standard OR the employer does not offer any plans

If YES, a list of household members will appear. Select the checkbox next to the name(s) of household members who were OFFERED coverage under this plan.

Q: What is the monthly premium of the lowest-cost employee-only plan that meets the minimum value standard?

Enter the amount of the lowest-cost employee-only plan offered by the employer that DOES meet the minimum value standard. If the customer does not know this amount off hand, instruct them to contact their employer and inquire.

(continued on next page)

Screen Shot

Step-by-Step

Special note – under Federal Law of the Affordable Care Act, the customer is required to attest whether or not the affordable (per previous question) employer-sponsored insurance plan was OFFERED to other household members. Regardless of whether or not those household members elected to enroll in that coverage, this question specifically pertains to who was OFFERED the employer-sponsored coverage.

Self Employment Income [?]

Please enter the current estimated net monthly income (profits once business expenses are paid) from self-employment. [?]

Shirley Hernandes

TYPE OF COMPANY *

Sole Proprietor ▼

NAME OF COMPANY *

NET MONTHLY AMOUNT * [?]

Shirley's Furniture

\$ 1,000.00

← Back

 **KEY FIELDS**
Self-Employment Income

This section applies to income details related to self-employment claims.

Q: Type of company

Select from the dropdown menu the type of self-employment company that applies:

- Sole Proprietor
- Partnership
- Corporation

Q: Name of Company

Enter the full name of the self-employment company as it is listed on taxes.

Q: Gross monthly amount

Enter the individual's gross monthly income amount.

Special note – this field is for the individual's income only; it does not apply to gross revenues of the self-employment business.

Select **Add More** to add another field if the individual has more than one self-employment company.

Screen Shot

Step-by-Step

Dividends/Interest/Capital Gains or Losses/Farm Income or Losses/Income from Partnerships, S corporations, Trusts

Shirley Hernandez

TOTAL AMOUNT * FREQUENCY *

 KEY FIELDS

Dividends/Interest/Capital Gains or Losses/Farm Income or Losses/Income from Partnerships, S corporations, Trusts

This field is entered as sum total of any income, gains, and losses from the income types listed.

Enter the total amount of all types combined and select the appropriate frequency, including:

- Weekly
- Biweekly
- Monthly
- Semiannually
- Annually
- One Time

Rental Income/Royalties

Shirley Hernandez

GROSS MONTHLY AMOUNT *

[Back](#) [Save and Exit](#) [Next](#)

 KEY FIELDS

Rental Income/Royalties

This field is entered as sum total of gross monthly income from rental property income and royalties.

Q: Gross monthly amount

Enter the gross monthly amount.

Screen Shot

Step-by-Step

Unemployment Income ⓘ

William Hernandez

UNEMPLOYMENT AMOUNT ⓘ FREQUENCY ⓘ

\$ 300.00 Every other week

← Back Save and Exit Next

KEY FIELDS

Unemployment Income

This field applies to the sum total of all income from unemployment.

Q: Unemployment Amount

Enter the total amount of unemployment received.

Q: Frequency

Select from the dropdown menu the frequency of payment that applies to the unemployment amount received, options include:

- Every other week
- Monthly
- Semiannually
- Annually
- Other

Social Security Income/Railroad Retirement Income ⓘ

Shirley Hernandez

GROSS MONTHLY AMOUNT ⓘ TYPE ⓘ

\$ 300.00 Rail Road Retirement In

← Back Save and Exit Next

KEY FIELDS

Social Security Income/Railroad Retirement Income

This field applies to the sum total of all income from Social Security and/or Railroad retirement income, as it applies to the individual (do not include Supplemental Security Income (SSI)).

Q: Gross monthly amount

Enter the total monthly amount of income received.

Q: Type

Select from the dropdown menu the type of income for the amount listed:

- Social Security Income
- Railroad Retirement Income

Screen Shot

Step-by-Step

Pension/Military Retirement/Annuity/IRA Income ⓘ

William Hernandez

TOTAL AMOUNT * \$ 300.00

FREQUENCY * ⓘ Bi-annual ▼

◀ Back Save and Exit Next

 **KEY FIELDS****Pension/Military Retirement/Annuity/IRA Income**

This field applies to the sum total of all income from all pension, military retirement, annuity, and IRA incomes.

Q: Total amount

Enter the total amount of income received.

Q: Frequency

Select from the dropdown menu the frequency of payment that applies to the amount listed, options include:

- Every other week
- Monthly
- Quarterly
- Semiannually
- Annual
- Other

Screen Shot

Step-by-Step

Alimony/Spousal Support/Foreign Earned Income/Other Claimable Gains or Losses/Economic Development funds from tribes [Ⓢ]

William Hernandez

TOTAL AMOUNT * FREQUENCY * [Ⓢ]

DATE RECEIVED * [Ⓢ]

[Back](#) [Save and Exit](#) [Next](#)

 **KEY FIELDS**

Alimony/Spousal Support/Foreign Earned Income/Other Claimable Gains or Losses/Economic Development funds from tribes

This field applies to the sum total of all income from any of the following types: alimony, spousal support, foreign earned income, other claimable gains or losses, or economic development funds from tribes.

Q: Total Amount

Enter the total amount received.

Q: Frequency

Select from the dropdown menu the frequency of payment that applies to the amount received, options include:

- Every other week
- Monthly
- Quarterly
- Semiannually
- Annual
- Other

Screen Shot

Step-by-Step

Deductions

Shirley Hernandes

Student Costs ⓘ

AVERAGE MONTHLY AMOUNT * ⓘ

◀ Back Save and Exit Next

 KEY FIELDS**Deductions**

The *Deductions* section asks questions about payments and deductions from one's household income.

Student Costs**Q: Average monthly amount**

Enter the average monthly amount of student costs, including tuition payments and other student-related costs.

Deductions

Shirley Hernandes

Health Savings Account Payments ⓘ

MONTHLY AMOUNT * ⓘ

 KEY FIELDS**Health Savings Account Payments**

A Health Savings Account is a special type of pre-tax savings account for health-related expenditures.

Q: Monthly amount

Enter the monthly amount contributed into the Health Savings Account.

Screen Shot

Step-by-Step

Deductions

William Hernandes

Self-Employment Tax ⓘ
MONTHLY AMOUNT *

\$ 400.00

← Back Save and Exit Next

KEY FIELDS

Self-Employment Tax

This field applies to the amount of tax paid by the individual on their self-employment income.

Q: Monthly Amount

Enter the monthly amount of self-employment tax paid.

Shirley Hernandes

Self-Employment Retirement Plan(s)/
Self-Employment Health Insurance ⓘ

MONTHLY AMOUNT *

\$ 150.00

KEY FIELDS

Self-Employment Retirement Plan(s)/Self-Employment Health Insurance

This field applies to any payments made toward a self-employment retirement plan (special enrollment period) or a self-employment health insurance plan.

Q: Monthly Amount

Enter the monthly amount paid.

Screen Shot

Step-by-Step

Deductions

Shirley Hernandes

Other Deductions

MONTHLY SPOUSAL MAINTENANCE 

MONTHLY PRE-TAX RETIREMENT AMOUNT 

MONTHLY INTEREST ON STUDENT LOANS 

ANNUAL TOTAL OF THE FOLLOWING DEDUCTIONS:

- MOVING COSTS SINCE JANUARY OF CURRENT YEAR
- EDUCATOR EXPENSES
- DOMESTIC PRODUCTION ACTIVITIES
- CLAIMABLE BUSINESS EXPENSES
- PENALTY ON EARLY WITHDRAWAL OF SAVINGS 

[Back](#)

 **KEY FIELDS**
Other Deductions

This final set of fields pertains to the remaining types of deductions considered as a part of the *Washington Healthplanfinder* application.

Q: Monthly spousal maintenance

Enter the amount of monthly spousal maintenance paid.

Q: Monthly pre-tax retirement amount

Enter the monthly pre-tax retirement amount paid/contributed.

Q: Monthly interest on student loans

Enter the monthly interest paid on student loans. Enter only the monthly interest paid on the loan, not the entire monthly loan payment, which may include principal.

Q: Annual total of the following deductions: Moving costs since January of current year, Educator expenses, Domestic production activities, Claimable business expenses, and Penalty on early withdrawal of savings.

Enter the combined annual total of the listed types of deductions.

3.3.7. Application Review

Screen Shot Key Fields

Application Review

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit option. Selecting the edit option will take you back to that section of the application. Selecting 'Next' from this screen takes you to the signature page so you can submit this application.

Please review the information you have entered before you submit your application.

Notice:
We are unable to verify items in red. Go to the "Document Center" from your account to upload necessary documents.

APPLICATION ID : 266880

Primary Account Holder	
Application Type	Applying for tax credits, cost sharing reductions or Washington Apple Health
First Name	John
Middle Initial	
Last Name	Manke
Social Security Number	SOCIAL SECURITY DISCLOSURE
Date of Birth	05/05/1985
Sex	Male
Email	jorank2@wabex.org
<input type="button" value="Edit"/>	

Primary Contact Information	
Home Address	
Address Line 1	123 Lane Dr
Address Line 2	
City	Olympia

KEY FIELDS

Once the Primary Applicant has completed their household's application, they have the opportunity to complete an **Application Review**.

- A summary of all information up to this point will be shown on this screen
- It is **extremely important** that the Primary Applicant review this screen in its entirety. **If ANY information is incorrect, this could impact the household's eligibility results.**

Also, if the customer sees **any rows highlighted in red in the Additional Questions section**, this means that some of their information **could not be verified** by federal sources

- **There are a few reasons why information may be unverified** and returned as red on the application review screen:
 - The Federal Hub data on that item did not match what the customer self-attested
 - The Federal Hub did not have enough information on the person or
 - There was a technical error while trying to verify
- If the customer notices an error, they can go back in the application to fix that error before formally submitting
- If the customer believes there is no error, they should proceed with the application
- Depending on what items are unverified, this may impact eligibility results, most often resulting in Conditional Eligibility

Special note – Refer to Chapter 5: Document Verification for more detailed information on Conditional Eligibility

Note: For sizing purposes, this screenshot does not show the entire application review screen

Primary Contact Information

Home Address

Address Line 1 123 Lane Dr

Address Line 2

City Olympia

State WA

ZIP 98501

Address Confidentiality Program? NO

ACP Number

Other Information

Phone Number 241 - 353 - 1313

Phone Type Work

Receive Text Messages from Healthplanfinder N/A

Alternate Phone Number

Alternate Phone Type

Receive Text Messages from Healthplanfinder N/A

Preferred Written Language English

Preferred Spoken Language English

Edit

Screen Shot

Key Fields

Other Information

Phone Number 241 - 353 - 1313
 Phone Type Work
 Receive Text Messages from Healthplanfinder N/A
 Alternate Phone Number
 Alternate Phone Type
 Receive Text Messages from Healthplanfinder N/A
 Preferred Written Language English
 Preferred Spoken Language English

Edit

Household Member's Information

Name	Sex	Social Security Number	Date of Birth	Applying for Coverage	Living With John Manke
John Manke	Male		05/05/1985	Yes	N/A
Jilly Manke	Female		01/01/2016	Yes	Yes

Tax Status

Name	2016	Primary Tax Filer	2017	Primary Tax Filer	2018	Primary Tax Filer
John Manke	Head of household	Self	Head of household	Self	N/A	N/A
Jilly Manke	Tax dependent of someone on the application	John Manke	Tax dependent of someone on the application	John Manke	N/A	N/A

Screen Shot

Key Fields

Relationship to Primary Account Holder

John Manke

is the Parent of

Jilly Manke

Jilly Manke

is the Child of

John Manke

Edit

Screen Shot

Key Fields

Additional Questions

Are all the members listed below U.S. citizens (including naturalized or derived citizens) or U.S nationals? Yes

Name	US Citizen?	Is Lawfully Present?	Date of Entry	Passport	Immigration Document
John Manke	Yes	N/A	N/A	N/A	N/A
Jilly Manke	Yes	N/A	N/A	N/A	N/A

Is any member on this application an American Indian or an Alaskan Native? No

Name	Alaskan Native ?	Affiliated to a Tribe?	Name of the Tribe or Alaskan Native Corporation	Descendent of a Federally Recognized Tribe or Alaskan Native corporation shareholder ?	Name of the Tribe	Eligible for Indian Health Services ?
John Manke	No	N/A	N/A	N/A	N/A	N/A
Jilly Manke	No	N/A	N/A	N/A	N/A	N/A

Are any of the members listed below currently incarcerated? No

Name	Currently Incarcerated?	Pending disposition of charges
John Manke	No	No
Jilly Manke	No	No

Screen Shot

Key Fields

Have any of the members listed below regularly used tobacco products in the last 6 months? No

Name	Used Tobacco?
John Manke	No
Jilly Manke	No

Are all the members listed below residents of the state of Washington? Yes

Name	Resident of Washington state?
John Manke	Yes
Jilly Manke	Yes

Is any household member on this application currently pregnant? No

Name	Currently Pregnant?	Due Date	Expected Number of Babies

Have any of the children lost health insurance within the last 4 months? No

Child Name	Last Day of Coverage

Do any of the members listed below have health insurance? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. No

Do any of the members listed below have health insurance? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. No

Policy Holder Name	Insurance Type	Policy Holder Date of Birth	Policy Number	Group Number	Name of Carrier	Does this plan cover other members?
John Manke	N/A	N/A	N/A	N/A	N/A	N/A
Jilly Manke	N/A	N/A	N/A	N/A	N/A	N/A

Do you have an adult child who is a disabled dependent 26 years or older? No

Name	Adult Disabled Dependent
John Manke	No
Jilly Manke	No

Exit

Screen Shot

Key Fields

Household Income

Name	Total Monthly Income	Total Monthly Deductions	Total Monthly Net Income	Employment Related Data
John Manke	\$ 3500.00	\$ 0	\$ 3500.00	View
Jilly Manke	\$ 0	\$ 0	\$ 0	N/A
TOTAL	\$ 3500.00	\$ 0	\$ 3500.00	

Edit

Additional Screening Questions

Name	Long Term Care Services	In-home care-giver	Assisted Living Care Services	Divison of Developmental Disabilities Services	Hospice Care	Medical Personal Care Services	Unpaid Medical Expenses	Emergency Hospitalization
John Manke	No	No	No	No	No	No	No	N/A
Jilly Manke	No	No	No	No	No	No	No	N/A

Edit

[← Back](#)

[Next >](#)

3.3.8. Primary Applicant's Signature

Screen Shot

Key Fields



Primary Applicant's Signature

* REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law.
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- By checking this box and signing my name below, I am electronically signing my application. *
- I authorize Washington Healthplanfinder to electronically verify my tax return information during the annual renewal process for up to 5 years. I understand that I am able to change my consent at any time. By checking this box, I permit tax credits to be applied to my annual renewal without my taking further action.
- I have read the Rights & Responsibilities. *

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
John	E.g. A	Manke X

On this screen the Primary Applicant electronically signs their application, agreeing to all of the terms listed

- Boxes 1 and 3 must be checked to submit the application
- Box 2 can be left unchecked. For initial applications, even if this box is left unchecked, Washington Healthplanfinder will still interface with the Federal Hub for income verification

For auto renewals, if the box remains unchecked the application will automatically go through the renewal process, but could receive a Qualified health plan without tax credits.

If an Authorized Representative is completing the application on behalf of the Primary Applicant, the Primary Applicant's First and Last Name still need to be the name on this signature page

- *Example: Mom is completing application for 19-year-old son. 19 year old son's name must go on the e-signature page, even if Mom is completing the application as the authorized representative*

Application tip – Although the Middle Initial field is not mandatory, if the Primary Applicant included a Middle Initial on the **About You** page, they need to include in their signature

Screen Shot

Key Fields

 **KEY FIELDS**

For customers enrolled in the Address Confidentiality Program who inputted their Address Confidentiality Program address on the Primary Applicant Information page:

On the Primary Applicant's signature page, the pop-up shown on the left will appear prompting the customer to enter the zip code where they would like to seek coverage.

- As long as the applicant used the Address Confidentiality Program PO Box address in the address field in the beginning of the application this pop up will appear on the **Primary Applicant's Signature** page.

When a Customer Support Representative is helping these clients with their *Washington Healthplanfinder* application they should ask the customer:

- "Please provide/enter the zip code where you would like to get your medical services?"

After entering the zip code the County will auto populate

The applicant can then select **Next** to continue on with the E-sign page.

Application tip – In this situation, the customer **is not** required to enter in the actual zip code where they live because that is confidential. They only need to provide a zip code where they usually have doctor's appointments or where their pharmacy is.

For example if the customer wants coverage within Thurston County, they can provide any zip code within that county

3.3.9. Eligibility Status

Screen Shot	Key Fields
-------------	------------



Eligibility Status

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below. A summary of any tax credit your household is eligible for is available at the bottom of this screen.

2 You have 2 household member(s) with additional action required. Please review for more information.

	2017 Coverage:	2018 Coverage:
1 CONDITIONAL Household: Primary Applicant Coverage: QDHP+QHP Start Date: 12/01/2017 End Date: 12/31/2017	Qualified Dental Plan & Qualified Health Plan John Manke is conditionally eligible for Qualified Dental & Health Plan coverage. <i>Why this result?</i>	Qualified Dental Plan & Qualified Health Plan with Tax Credits John Manke is conditionally eligible for Qualified Dental & Health Plan coverage with tax credits. <i>Why this result?</i>
2 PENDING Household: Child Coverage: WPAI w/Premiums Start Date: Not Applicable End Date: Not Applicable View Details	Coverage Start Date 12/01/2017 Coverage End Date 12/31/2017 Renewal Information Not Applicable Next Steps for John Manke You're approved to pick a Qualified Dental Plan and Qualified Health Plan today.	Coverage Start Date 01/01/2018 Coverage End Date 12/31/2018 Renewal Information John Manke will need to renew coverage by 12/31/2018. We will contact you with more information when it's time to renew. Tax Credits John Manke is included in the tax filing household that has been approved for tax credits. See more information at the bottom of this screen. Next Steps for John Manke You're approved to pick a Qualified Health Plan with tax credits today.

ADDITIONAL DOCUMENTS REQUIRED

To find out what types of documents we will accept, click on the document names.

Eligibility Status will appear once customer electronically signs their application

Each member of the household will receive one of three eligibility results for Qualified health and dental plans:

- **Approved:**
 - The household member is approved for coverage
- **Denied:**
 - The household member has been denied coverage through *Washington Healthplanfinder*
 - Common reasons for denial: Not Washington Resident, Incarcerated
- **Conditional – approved with Conditional Eligibility:**
 - Some piece of the household member's information could not be verified. Action is required after plan selection
 - The customer is eligible under the condition that they submit documentation within 95 days verifying the information that *Washington Healthplanfinder* was unable to verify
 - The customer can still receive health coverage during their conditional eligibility period, but may be dis-enrolled after 95 days if appropriate documentation is not submitted
- **Pending – pending eligibility is for Apple Health customers.** It means they may qualify for Apple Health after providing certain verification. They have 15 days to provide the verification shown on the screen.
 - See Chapter 5: **Document Verification** for more information

Application tip – If the customer would like to view this information again at a later date, they can select the **View Current Eligibility Results** hyperlink on their dashboard

Screen Shot

Key Fields



Eligibility Status

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below. A summary of any tax credit your household is eligible for is available at the bottom of this screen.

2 You have 2 household member(s) with additional action required. Please review for more information.

<p>John Manke</p> <p>1 CONDITIONAL</p> <p>Household: Primary Applicant Coverage: GDP+QHP Start Date: 12/01/2017 End Date: 12/31/2017 View Details</p>	<p>Jilly Manke</p> <p>2 PENDING</p> <p>We were unable to verify Jilly Manke's Citizenship and SSN. Coverage may be available once we receive some additional information.</p> <p> Washington Apple Health with Premiums Jilly Manke is pending Washington Apple Health with Premiums. Why this result?</p> <table border="1"> <thead> <tr> <th>Coverage Start</th> <th>Coverage End Date</th> <th>Renewal Information</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> <tr> <td colspan="3">Date</td> </tr> <tr> <td colspan="3">Not Applicable</td> </tr> </tbody> </table> <p>ADDITIONAL DOCUMENTS REQUIRED</p> <p>To find out what types of documents we will accept, click on the document names.</p> <ul style="list-style-type: none"> Citizenship SSN 	Coverage Start	Coverage End Date	Renewal Information	Date	Not Applicable	Not Applicable	Date			Not Applicable		
Coverage Start	Coverage End Date	Renewal Information											
Date	Not Applicable	Not Applicable											
Date													
Not Applicable													

Why this result?

You applied for free and low-cost health insurance. We evaluate you first for the lowest-cost option, Washington Apple Health. We need more information to determine if you are eligible.

Please notice that, on this screen, the second customer is highlighted and eligibility results displayed.

By selected the other household member name on the left side of the screen, the user can navigate between the eligibilities of their household members.

Users can select **Why this result?** To see further detail on their eligibility result

Application tip – If action is needed for an individual member of the household (i.e. document upload for verification), the user can view this in their Eligibility results

Individuals who receive **Conditional/Pending Eligibility** status need to submit proof of documentation to *Washington Healthplanfinder* to confirm their conditional status.

Customers who are working with brokers/navigators can provide the documents to their navigator/broker who can upload on their behalf.

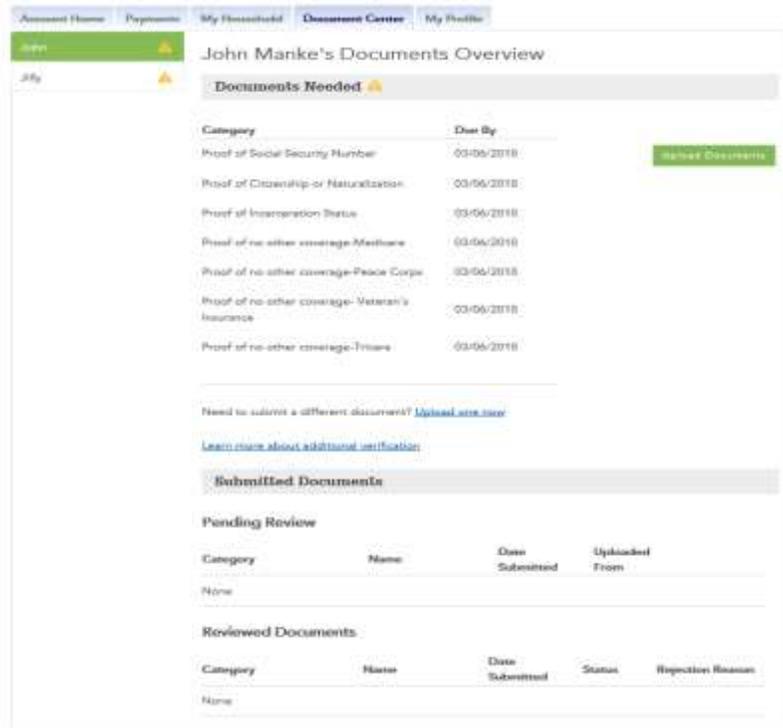
The customer has 95 days from the date of application completion and submission (date of initial conditional status determination) to upload the appropriate documentation into their account.

Online document upload is the preferred method for providing documents, but customers can also provide the needed documents by fax, and mail.

If the customer selects the Additional Documents Required section next to their conditional eligibility they will see what documentation is acceptable

3.3.10. Documentation Required

Screen Shot



Key Fields



Upload Documents through the **Document Center** tab

Documents are uploaded in the *Washington Healthplanfinder* via the **Document Center** tab

At this screen the customer can view what events or items still require documentation for which individuals, which documents have been uploaded and require document verification, and upload documents

Customers can select on other household member names listed to view what documentation is being requested

Under **Submitted Documents** you can view:

- **Pending Review** – documents pending review still
- **Reviewed Documents** – If any documents are not sufficient to provide proof of conditional eligibility, a message will show under **Rejection Reason**.

Individual users can also uploaded requested documentation through the WAPlanfinder (Mobile application)

- WAPlanfinder can be downloaded from the a users Google Play or Apple store

The *Washington Healthplanfinder* sign-in page also offers links to download WAPlanfinder

Screen Shot

Key Fields

Sign in to your account

USER NAME + 
E.g. jsmith123
[Forgot Your Username?](#)

PASSWORD + 

[Forgot Your Password?](#)

Remember Me

[SIGN IN >](#)

[Don't have an account? Create one now.](#)

Download our free mobile app to get coverage information on the go

Screen Shot

Household Summary PRINT

Please review the next steps for each member of your household. Each member may have a different action to take based on his or her eligibility. Make sure to print this page for your records.

Alex Smith
 Current Coverage: Washington Apple Health
 Current Managed Care Plan: Coverage without a Managed Care Plan
 Next Steps: On the next page, please review Washington Apple Health Managed Care Plan options.

Continue

Key Fields

Household Summary Pop-up

After the Primary Applicant selects next on the Eligibility Status page, the Household Summary pop-up will appear. Depending on information received from ProviderOne system, each Apple Health eligible household member may or may not qualify to select a Managed Care Plan.

If the household member **does not qualify** to select a Managed Care Plan, they will not be able to proceed to select a plan.

If the household member **does not qualify to select a Apple Health Managed Care Plan due to an eligibility reason (e.g. Federally Verified Tricare)**, they will not be able to proceed to select a plan.

If the household member **does qualify** to select a Managed Care Plan, they will click continue on the pop-up and proceed to the Managed care plan shopping page to review and select a plan

Application note – regardless of whether a household member qualifies for Medicaid Plan Selection, they will still have Apple Health coverage.

3.3.11. Managed Care Plan Selection (Non-American Indian/Alaska Native)

Screen Shot

Select Washington Apple Health Plan

Washington Apple Health plans have no copays or deductibles [®]

The screenshot displays the 'Select Washington Apple Health Plan' interface. On the left, there is a 'My Search' sidebar with fields for 'Looking for Plan to Cover', 'WOPBAH (WPREY, 46)', 'Provider', and 'Facility', each with a 'Search' button. Below this is a 'Customize My Search' section with 'Insurance Company' filters for Amerigroup, Light House, and UHC, and 'Reset' and 'Update' buttons. The main content area features a yellow banner stating 'Your household is currently enrolled in this plan. Click "Keep this Plan" or select a new plan.' Below the banner, the 'United Healthcare Plan' is highlighted with a yellow border, showing logos for Washington Apple Health and United Healthcare, a 'Keep this Plan' button, and contact information. Below this, a section titled '3 Plans Found' includes navigation controls and a list of other plans, such as 'Amerigroup Care Plans V2' and 'Light House care plans'.

Key Fields

On this screen, customers can shop for and compare health plans for their household

My Search lists customers the plan would cover and buttons to access health care **provider** and/or **facility** search

Customize My Search allows the customer to filter by insurance carrier and customize their search.

- Filter the search by selecting the box next to the option(s) they would like to see
- If an applicant changes their mind they can cancel a selection by unchecking the box or by selecting **Reset**
- To finalize the filter select the Update button

Households with AI/AN members have the opportunity to shop for a Managed Care Plan independent of their families or select coverage without a managed care plan

Provider Directories shown with each plan are subject to change. There is no guarantee that the providers/doctors listed on the plans directory will remain the same once the customer's coverage begins.

The total monthly cost for each plan should be \$0.00 as no payment is due for a managed care plan.

Once the applicant chooses a managed care plan they select **Select**. *If a household has mixed eligibility for Apple Health and tax credits users choose their Apple Health plan and then select their Qualified health and dental plan. .*

3.3.12. Skip Plan Selection – Apple Health

Screen Shot

UHC

Reset Update

Washington Apple Health Amerigroup RealSolutions in healthcare PLAN: Amerigroup Care Plans V2
More Information on this plan »

Consumer Rating Ⓢ Star Rating Ⓢ
For more information: (324) 324-9924

Select

Washington Apple Health Lighthouse INSURANCE.COM PLAN: Light house care plans
More Information on this plan »

Consumer Rating Ⓢ Star Rating Ⓢ
For more information: (901) 839-1273

Select

Washington Apple Health UnitedHealthcare COMMUNITY & USERS PLAN: United Healthcare Plan
More Information on this plan »

Consumer Rating Ⓢ Star Rating Ⓢ
For more information: (981) 490-3889

Select

3 Plans Found

◀ Previous Show: 10 Per Pa Next ▶ Sort by: Plan Name

Skip Plan Selection

Key Fields



If an applicant does not want to select a managed care plan they can select **Skip Plan Selection** at the bottom right corner of the screen.

Any customer who chooses to **skip plan selection** is taken to their **Account Home** ill be taken back to the dashboard.

- The applicant will have to wait until the overnight batch is processed. The applicant will see the changes the next day.
- Most customers are required to
- The Apple Health customer can log back into *Washington Healthplanfinder* at any time to select a managed care plan.

Application tip – if there are Qualified health plan customers in the household they are taken to Qualified health and dental plan shopping next.

3.3.13. **Additional Services (Apple Health only)**

Screen Shot

Key Fields

Additional Services Available

Additional Washington Apple Health

You indicated that you or a household member is applying for coverage and is age 65 or older, has Medicare or needs Long Term Care (LTC) Services, emergency services, or coverage due to a specified medical condition. Additional information is needed to apply for LTC services, the Medicare Savings Programs or programs based on age or disability. To have the data you have entered so far transferred to the Washington Connection website so you can provide this additional information, please click the Transfer my Information to Washington Connection button below.

Note:

If you do not choose to finish your application today, your data will not be sent to Washington Connection but your request for these additional medical services has been received. We will follow up by mail to collect the missing information we need.

Yes, transfer my information to Washington Connection

Voter Registration

Are you registered to vote? Please click on the link below to register your vote or to update your voter registration.
[Click here to update your voter registration information](#)

◀ Back

Done

 **KEY FIELDS**
Additional Washington Apple Health

If Apple Health eligibility has been determined AND other conditions have been met (listed in the screenshot), individual(s) may be eligible for Long Term Care Services, emergency services, or coverage due to a specified medical condition

The customer has the option to have some of their information transferred directly to Washington Connection to aid in this process

- Select **Yes, transfer my information to Washington Connection** to process the transfer, if customer wants to do this desired
- Select **Done** to continue forward with customer application

3.3.14. Qualified health and dental plan selection – My Cart

Screen Shot

Key Fields

My Cart

You have successfully added the plans below. To finalize your coverage, click "Checkout."

Household members must enroll in a qualified health plan in order to enroll in a qualified dental plan.
Household members who are 18 and younger (not including members who are approved Washington Apple Health) must be enrolled in a qualified dental plan.
For Washington Apple Health, no further action is required.
If you selected a Washington Apple Health managed care plan, your enrollment is complete. View your selected plan.

Selected Qualified Health Plan

Who Will Be Covered
Patsy Martin
Kurtis Overton

Add a Plan

Selected Qualified Dental Plan

Who Will Be Covered
Kurtis Overton

Add a Plan

Washington Apple Health

Who Is Enrolled in This Plan
Patsy Martin

Coordinated Care 2

Premium
\$00.00/month

Checkout

Next

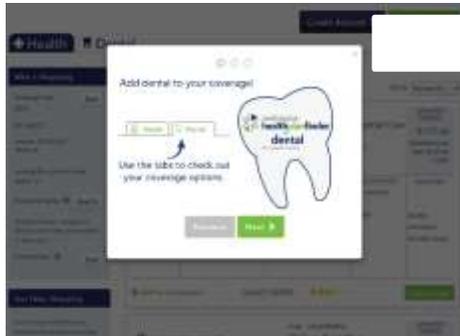
KEY FIELDS

The customer's **My Cart** will show any plans selected prior to submitting an application (e.g. if a customer completed an application from anonymous browsing, plans would show here). If the customer did not select any plans prior to filling out an application, it will appear blank and read **Add a Plan**.

My Cart will also display the customers Apple Health plan selection

- **Who will be covered:** list the individuals seeking coverage on an application. *Note: during pre-application this will appear blank*
- **Browse Qualified Health Plans, Browse Qualified Dental Plans and Add a Plan on either:** takes customers to the Qualified health and dental plan shopping pages
- **Browse Child-Only Dental Plans:** will appear as a button if customer tries to checkout prior to selecting a dental plan for a household member who is under the age of 19
- **Your Total Monthly Premium:** displays once plans are added and is the monthly costs of selected plan(s)
- **Remove:** appears once a plan is selected and if selected will remove the plan from the customers cart
- **PRINT:** allows customers to print their selected plans. *Note: during pre-application customers also have the option to email their selected plan(s)*
- **Checkout:** takes customers through the steps to finalize their coverage. *During pre-application this will say **Create Account***

Screen Shot



Key Fields



This screen is the **Explore Your Options** shopping page. On this screen, the Primary Applicant can navigate between health and dental tabs to shop for and compare health and dental plans for their household.

Shopping Page Features:

Shopping Tips: appear when user lands on the shopping page. Select **Next** to view all three shopping tips or select the **X** to exit the modal. The information in this modal will change due to recent trends, searches, and time of year.

Add to Comparison: add up to three plans to compare side by side.

Add to Cart: Allows customers to add/remove plans from a shopping cart. Plans added in the customer's shopping cart during anonymous browsing will save when they fill out their application.

My Cart: Allows customers to view the selected Qualified health and/or Qualified dental plans in their cart

Create Account : directs customers to create a *Washington Healthplanfinder* user account and begin their

Who's Shopping: allows customer to view information they entered. During anonymous browsing customer can select **Edit**

Get Help Shopping: allows customer to access shopping tips modal again and **Smart Planfinder** customer decision support tool.

Smart Planfinder: allows customers to answer a questionnaire to rank plans according to what may best meet their health care needs. This tool is an estimate of costs and plans that may be the best for them

Screen Shot

The screenshot shows the Washington Healthplanfinder website interface. At the top, there is a navigation bar with the logo and a progress indicator for the search process: 1. Browse, 2. Apply, 3. Select, 4. Finalize. Below the navigation bar, there are tabs for 'Health' and 'Dental'. The main content area displays '32 Qualified Health Plans Found'. Two plan cards are visible:

Carrier	Plan Name	Premium
MMI Ambetter	MMI Ambetter Essential Care 1 (2017)	\$ 355.24
Kaiser Permanente	GI Core Basic Plus Catastrophic - 18	\$ 393.34

Each plan card includes a table with columns: 'AFFORDED FAMILY COST', 'INDIVIDUAL & FAMILY', 'DEDUPTIONS', 'OUT-OF-POCKET MAXIMUM', and 'QUALITY'. The 'MMI Ambetter' plan shows a cost of \$4,000 for individual and \$12,000 for family. The 'Kaiser Permanente' plan shows a cost of \$7,300 for individual and \$14,700 for family. Both plans have a 'Quality Rating' of 4 stars and an 'Add to Comparison' button.

Key Fields

Customize My Search: Allows the customer to apply different filters to specify and customize their search. *For example, the customer can search for plans in a certain price/premium range.*

KEY FIELDS

After a customer has selected a Qualified health and dental plan, the plan will be highlighted. Customers still have the option to remove the plan and/or add another plan. Modals will prompt them through the process.

After selecting a new plan, a modal will appear asking customers to confirm if they want to replace their current plan with the new selection. Once customer selects **Yes, make this my selected plan**, the **Plans Added!** modal appears.

Plans Added! Modal:

- If customers have both a Qualified health and dental plan in their cart they will have the option to **View My Cart** or **Checkout**
- If customers have only selected a QDP or QHP they will have the option to either “View My Cart” or “Browse Qualified Health/Dental Plans” (pending which plan they have yet to add to their cart)

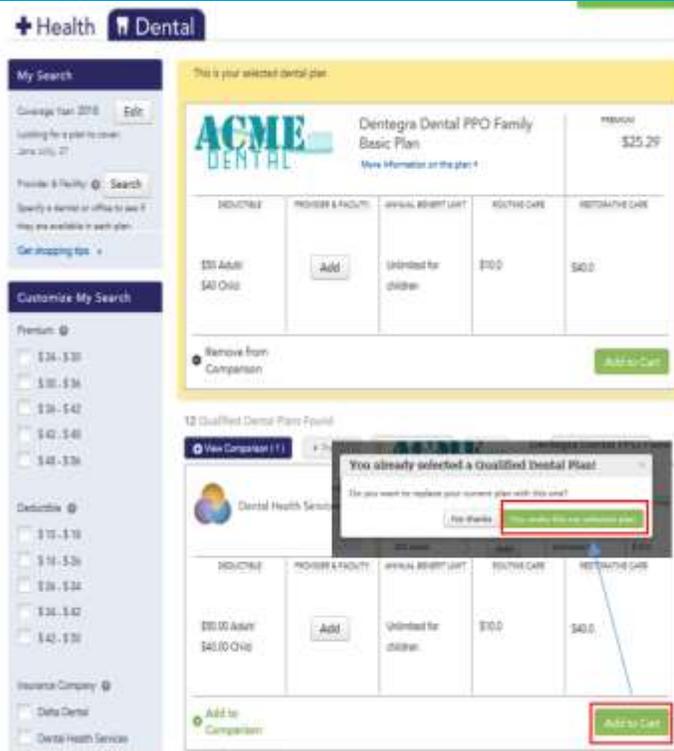
Application tip – customers can switch between the health and dental tab without having added a plan to their cart

Qualified health and dental plan enrollments are standalone enrollments in *Washington Healthplanfinder*. Should a carrier terminate enrollment due to non-payment the Qualified dental plans do not need a Qualified health plan to continue, and vice versa. However, customers **cannot** checkout with only a Qualified dental plan in their cart; they must select a Qualified health plan to check out with a Qualified dental plan.

Customers are not required to select a Qualified dental plan unless they have a child under the age of 19. A child can be enroll in a Qualified

Screen Shot

Key Fields



dental plan without the rest of the family over 19 selecting a Qualified dental plan.

KEY FIELDS

Plan comparisons list all of the plan information that you would find on a single plan and compare it side by side to another plan

- Users can compare up to three Qualified health and dental plans, the process is mirrored for both types of plans.
- Users can compare In Network and Out of Network Costs
- If a user has input data into the Smart Planfinder they can view estimated yearly cost here, and if the provider/prescriptions they have entered are covered or not
- Users can view Quality Rating for the plan(s) here
- Users can access 3 tabs with estimated costs for that condition:
 - Having a Baby
 - Managing Type 2 Diabetes
 - Simple Fractures
- Users can access the carriers Summary of Benefits and coverage at the bottom of the **Coverage Summary** page

Provider & Facility search allow customers to search for providers and facilities.

Qualified health and dental plan users can add up to 5 providers or facilities in the search

Provider Directory Search tips – the provider search will populate with your zip code entered. If you want to search in another zip code, you can enter a different zip code and search. You can also search for zip codes that are near the Washington border such as Idaho and Oregon.

Screen Shot

Key Fields

[Back to Plan Results](#)

Compare and Select a Plan
 All plans include free preventive care services.
 Costs listed below are in Network unless otherwise noted.

Coverage Summary	Showing a Snapshot	Managing Type 2 Diabetes	Simple Preference
	GI-Core Basic Plus Catastrophic - 18 RISE PERMANENTE Remove from Comparison Add to Cart	GI Plan Gold - 18 RISE PERMANENTE Remove from Comparison Add to Cart	MM Ambetter Essential Care 1 (2017) Ambetter Remove from Comparison Add to Cart
Quick Glance			
Total Monthly Premium	\$390.34	\$705.12	\$355.24
Your Monthly Premium with Tax Credits	\$390.34	\$705.12	\$355.24
Your Estimated Yearly Cost	Not Applicable	Not Applicable	Not Applicable
Your Provider & Facility	Not Applicable	Not Applicable	Not Applicable
Your Prescriptions	Not Applicable	Not Applicable	Not Applicable
Quality Rating	Plan is 500 out of 1000	Plan is 500 out of 1000	Plan is 500 out of 1000
Plan Type	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)
Plan Metal Level	Catastrophic	Gold	Bronze
Out of Pocket Costs			
Annual Deductible	\$7,000 Individual / \$14,000 Family	\$500 Individual / \$1,000 Family	\$4,000 Individual / \$15,000 Family
Annual Out of Pocket Maximum	\$7,000	\$6,000	\$6,000

+ Health **Dental**

Who's Shopping This is your select

Coverage Year: 2018
 Looking for a plan to cover:
 Mike, July, 27
 Jane, July, 27

Provider & Facility

Specify a doctor, hospital or clinic to see if they are available in each plan.

Prescriptions

Get Help Shopping

Use the Smart Planfinder to answer a few questions and get "Smart Choice" plan suggestions based on your household.

Provider and Facility Search

Search by:
 City/State/Zip
 ZIP Code
 City/State

Map view showing location pins on a map.

3.3.15. Pediatric Dental Plan Selection

Screen Shot



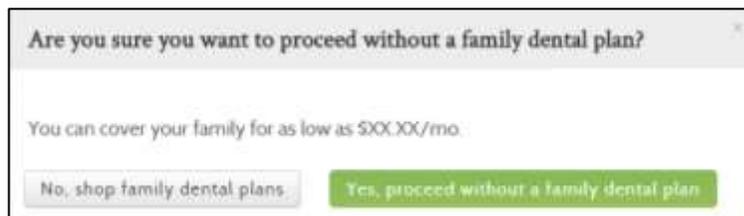
Key Fields

KEY FIELDS

Customers can navigate to the Pediatric Dental Plan shopping page by clicking on Browse Child Only Dental Plans from their Cart.

- For households with children under age 19, a Qualified dental plan or pediatric dental plan must be selected for each child. Customers who are voluntarily dis-enrolled for non-payment from Pediatric/Qualified dental plan will not be dis-enrolled from Qualified health plan.
- The total cost shown for each dental plan, is the combined cost for all children in the household
- The customer can apply filters to specify their dental plan search, similar to the feature available in the health plan search

Application Tip – when a customer selects **Add to Cart** a modal will pop up informing the customer of the costs of a family Qualified dental plan. Customers have the option to proceed with or without a family dental plan.



3.3.16. Confirm Insurance Company Selection(s)

Screen Shot | **Key Fields**

HOME | EN ESPAÑOL | WELCOME, JANE JOLLY (SIGN OUT) | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

Confirm Insurance Company Selection(s)

This is your last chance to review the information that will be sent to your selected Insurance Company.

Selected Qualified Health Plan

KASER PERMANENTE PLAN: GOLD
GI Flex Gold - 18
More information on this plan +

PREMIUM
\$ 705.12 /month

Who Will Be Covered: Jane Jolly, Mike Jolly

Selected Qualified Dental Plan

ACME DENTAL Dentega Dental PPO Family Basic Plan
More information on this plan +

PREMIUM
\$ 25.29 /month

Who Will Be Covered: Jane Jolly

Selected Enrollment Information

Plan Name	Member	Coverage Start Date	Coverage End Date	Cost
GI Flex Gold - 18	Jane Jolly	03/01/2018	12/31/2018	\$ 705.12 /month
	Mike Jolly	03/01/2018	12/31/2018	
Dentega Dental PPO Family Basic Plan	Jane Jolly	03/01/2018	12/31/2018	\$ 25.29 /month

Your Total Monthly Premium \$730.41 /month

Clicking confirm commits you to the monthly plan premium(s) listed above.

< Back | Confirm and Send >

PRINT

KEY FIELDS

Once the Qualified health and dental plans are selected the **Confirm Insurance Company Selection(s)** page displays

Selected **Qualified health** and **dental plan** list

Selected Enrollment Information lists name of plan(s), who is covered, coverage start date, coverage end date & cost

Total Monthly Premium will be listed and customers can **Print** this page

Select **Confirm and Send** to complete plan selection

- If **Back** is selected, user will be moved to their **My Cart** page

3.3.17. Health Insurance Tax Credit Options

Screen Shot

Key Fields



If the customer is eligible for Qualified health plan with tax credits, this screen will appear

The total tax credit amount will be listed next to a slider

The user can update the tax credit amount by typing it into the amount box

A modal will appear once **Next** is selected

Modal will read:

Please Note: Health Insurance Premium Tax Credit” pop-up will also appear

- You have chosen to obtain the Health Insurance Premium Tax Credit. Please be aware that if your income changes over the course of the year, you may be responsible for paying back the tax credits you have received.
- Click continue to proceed with enrolling in Health Insurance Premium Tax Credit, click on cancel to select a different amount.

3.3.18. Successful Confirmation!

Screen Shot

Successful Confirmation! [PRINT](#)

Your plan selection is confirmed and on its way!

Your Subscriber ID 1002569

Next Steps

WAIT

Receive your bill or follow up info by mail or email in up to 7 business days

PAY COMPANY

Follow instructions provided by your Insurance Company

HAVE INSURANCE

**If documentation is required to prove a Special Enrollment, this wait time may increase.*

More information is available at www.wahbexchange.org/payments

Selected Plan(s)

Selected on Feb 01, 2018

Health Insurance Company	<input type="text" value="Kaiser Permanente WA"/>
Total Monthly Premium	<input type="text" value="\$ 705.12"/>
Dental Insurance Company	<input type="text" value="Dentegra"/>
Total Monthly Premium	<input type="text" value="\$ 25.29"/>

Please print this for your records. You will also receive a notice with this information.

[Next >](#)

Key Fields

KEY FIELDS

After the customer has confirmed and sent the plan selection in *Washington Healthplanfinder*, the customer will reach this **Successful Confirmation Modal**.

This modal tells the customer that plan selection is confirmed and on its way to the carrier. It will also offer the customer next steps for payment.

The **Subscriber ID** is an identification number the customer can use between their health/dental insurance carrier and *Washington Healthplanfinder* customer support.

If customers hover on the question mark at the top right corner of the number, field level help opens for more information

Key fields of the **Next Steps** section:

WAIT: Customers must wait for carrier to contact them via email or mail before they can make a payment. The green box indicates that the customer is in the WAIT step.

PAY COMPANY: Once carrier contacts the customer with instructions on payment, then he/she will pay the carrier directly via the carrier's system.

HAVE INSURANCE: Once the payment has been processed, the customer has insurance!

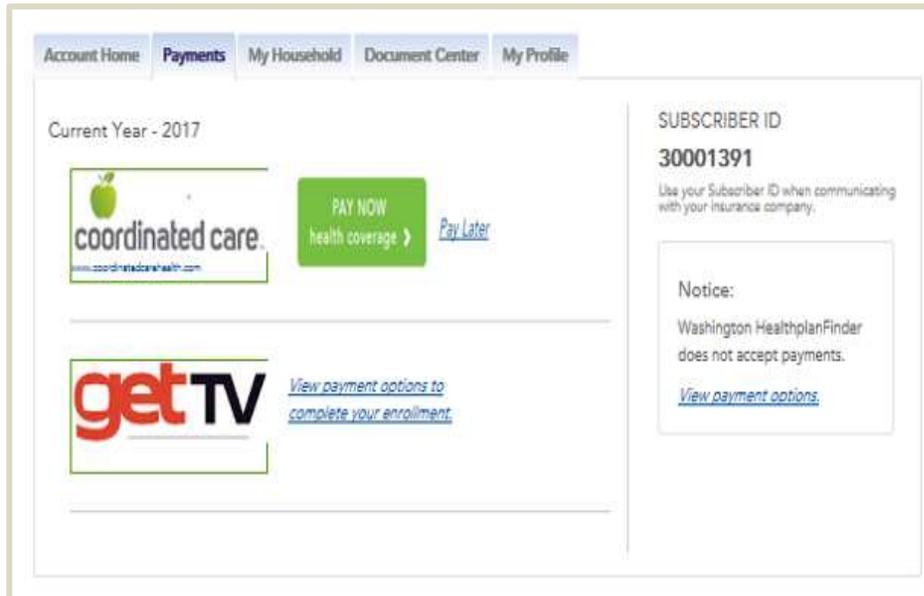
Carriers communicate to *Washington Healthplanfinder* when a customer has paid, and *Washington Healthplanfinder* updates customer enrollment status appropriately.

The **PRINT** button is at the very top of the page. Customer also receive this information in a correspondence – **Plan Selection Confirmed** (EE019).

pon selecting **Next**, user is navigated to their **Payments** tab.

3.3.19. Account Dashboard – Payments Tab

Screen Shot



Key Fields

KEY FIELDS

The **Payments** tab provides the customer with a view of their selected Qualified health and dental plan(s).

If the customer selects the **View payment options** link, they will navigate to a wabhexchange.org page about how to pay each carrier.

On the right hand side, the **subscriber ID** number is displayed.

Under the confirmation number, there is a **Notice** with messaging regarding premium aggregation removal. It reminds the customer that **Washington Healthplanfinder does not accept payments.**

Some providers in the *Washington Healthplanfinder* will provide a link to their website that allows subscribers to make their initial binding payment with a **PAY NOW** button.

Providers who have not chosen to provide this link to their external link will have a hyperlink allowing the subscriber to view payment options within *Washington Healthplanfinder*.

The **Pay Now** button will only appear with participating carriers during Open Enrollment.

The **Pay Now** button is for the initial new year's coverage payment only.

Screen Shot

Key Fields

The screenshot shows a user interface with a navigation bar (Account Home, Payments, My Household, Document Center, My Profile) and a yellow alert banner: "We need additional documents to verify your eligibility." Below this is the "Message Center" with a table of messages:

Notice	Date/Time Received	Quick Links
Digibility Results English	11/25/2017, 11:03 AM	Submit A Document Create Another Application
Eligibility Results English	11/25/2017, 11:31 AM	View Current Digibility Results
Plan Selection Confirmed English	11/25/2017, 11:31 AM	Find a Broker Find a Navigator Report a Change in Income or Household

At the bottom of the message, it says "View More" and provides contact information for JANE JOLLY at 123 HOME AVE, OLYMPIA WA, 98501, with an application ID of 266796.

KEY FIELDS

A **Plan Selection Confirmed** (EE019) correspondence will automatically generate and display in the **Message Center** for the customer.

The correspondence will include instructions for how the customer can pay their carrier and plan details similar to the **Successful Confirmation** modal.

The correspondence will outline the customer and their household health insurance selections, metal level, premium, tax credit (if eligible), total premium, coverage start and end dates.

Plan Selection Confirmed

Thank you for applying for health care coverage through Washington Healthplanfinder. Below is information about the plans you selected.

Your insurance company(s) will take care of the billing and payment process. Your coverage will be active after you have paid your premium to your insurance company(s) directly. You can find more information at www.wablxchange.org/payments.

If you are eligible for a special enrollment, your insurance company may ask you to provide documentation. If a member of your household is enrolled in Washington Apple Health, you will receive a separate letter.

Health Insurance Company	Kaiser Permanente WA
Health Plan	GI Flex Gold - 18
Plan Metal Level	GOLD
Monthly Plan Premium	\$705.12
Applied Tax Credit	\$0.00
Total Monthly Premium	\$705.12
Coverage Start Date	03/01/2018
Coverage End Date	12/31/2018

3.3.20. Account Dashboard – Account Home Mixed Household Enrollment

Screen Shot

Account Home | Payments | My Household | Document Center | My Profile

We need additional documents to verify your eligibility. [Upload Documents](#)

Message Center
You have no notice at this time

Quick Links

- Submit A Document
- Create Another Application
- View Current Eligibility Results
- Find a Broker
- Find a Navigator
- Report a Change in Income or Household

Your Household Coverage Summary [PRINT](#)

You will be able to select or change your plan(s) by clicking "Shop Plans"

Your coverage will be active once your insurance company(s) has provided confirmation to us that your payment has been processed. Click the "Payments" tab for information about how to pay your health or dental insurance company.

Upcoming Year- 2018
Health Coverage
Washington Apple Health (except Alien Emergency Medical) includes dental coverage.

Name	Plan Name	Start Date	End Date	Renewal Date	Status	Action
Philly Nilly	Washington Apple Health	11/01/2017	10/31/2018	10/31/2018	Enrolled	Shop Plans
Dilly Nilly	Washington Apple Health	11/01/2017	10/31/2018	10/31/2018	Enrolled	Shop Plans
Milly Nilly	MM Ambetter Balanced Care 2 (2017)	01/01/2018	12/31/2018	N/A	Enrolled	Shop Plans
Billy Nilly	MM Ambetter Balanced Care 2 (2017)	01/01/2018	12/31/2018	N/A	Enrolled	

[Cancel Coverage](#) To Add or Remove specific individuals from coverage, select 'Report a Change' from Quick Links.

Key Fields

KEY FIELDS

Once plan selection is confirmed, the user is taken to their dashboard. All household members will be able to view their enrollment status on the **Account Home** tab.

Enrollment for Washington Apple Health and Qualified health/dental plan(s) displays under **Your Household Coverage Summary**

Each enrolled individual lists with their name, plan name, start/end date, renewal date, enrollment status and ability to **Shop Plans** (if eligible to)

In cases where one household member is Conditionally Eligible a banner will display indicating **We need additional documents to verify your eligibility.**

Users can hover over customer **Status** to view their enrollment status

- Draft= submitted application, but not selected a plan
- Initiated= user has selected a plan and submitted to a carrier, but carrier hasn't passed effectuation file yet
- Active= effectuation file received customer enrolled
- Disenrollment initiated= effectuation file received with termination flag
- Expired= enrollment is expired (could be because enrollment year was satisfied, customer cancelled their coverage, they were cancelled, etc.) view coverage in **My Household** tab – **View Your Household Coverage History**
- Cancelled= coverage is cancelled due to customer or effectuation file received with cancel flag

3.3.21. My Household Coverage – Washington Apple Health Details Modal

Screen Shot

Key Fields

Eligibility Status				
Individual Covered	Coverage	Coverage Start Date	Coverage End Date	Eligibility Status
Philly Nilly	Washington Apple Health Kids	11/01/2017	10/31/2018	Approved

Managed Care Enrollment Status				
Individual Covered	Plan Name	Plan Start Date	Plan End Date	Enrollment Status
Philly Nilly	Plan information not found.			

Washington Apple Health Managed Care Plan information is not available at this time.

Individual Covered	Plan Name	Plan Start Date	Plan End Date
Dilly Nilly	Plan information not found.		

Washington Apple Health Managed Care Plan information is not available at this time.

KEY FIELDS

The **Washington Apple Health Details** provides the user with:

- Eligibility Status – coverage type
- Individual covered
- Plan Name
- Coverage Start Date
- Coverage End Date

Special note – past enrollments will not display. When a customer selects a new managed care plan – the new plan will display

Users can opt to **Shop Plans** to change their Apple Health managed care plan.

Once **Shop Plans** is selected user sees **Managed Care Enrollment Details**. Select **Change Plan** to be routed to the

3.3.22. Account Dashboard – Your Household Coverage

Screen Shot

Account Home | Payments | My Household | Document Center | My Profile

We need additional documents to verify your eligibility. [Upload Documents](#)

Message Center
You have no notice at this time

Quick Links

- [Submit A Document](#)
- [Create Another Application](#)
- [View Current Eligibility Results](#)
- [Find a Broker](#)
- [Find a Navigator](#)
- [Report a Change in Income or Household](#)

Your Household Coverage Summary [PRINT](#)

You will be able to select or change your plan(s) by clicking "Shop Plans"

Your coverage will be active once your insurance company(s) has provided confirmation to us that your payment has been processed. Click the "Payments" tab for information about how to pay your health or dental insurance company.

Upcoming Year - 2018
Health Coverage
Washington Apple Health (except Alien Emergency Medical) includes dental coverage.

Name	Plan Name	Start Date	End Date	Renewal Date	Status	Action
Philly Nilly	Washington Apple Health	11/01/2017	10/31/2018	10/31/2018	Enrolled	Shop Plans
Dilly Nilly	Washington Apple Health	11/01/2017	10/31/2018	10/31/2018	Enrolled	Shop Plans
Milly Nilly	MM Ambetter Balanced Care 2 (2017)	01/01/2018	12/31/2018	N/A	Enrolled	Shop Plans
Billy Nilly	MM Ambetter Balanced Care 2 (2017)	01/01/2018	12/31/2018	N/A	Enrolled	

[Cancel Coverage](#) To Add or Remove specific individuals from coverage, select "Report a Change" from Quick Links.

Key Fields



- The My Household Coverage portion contains plan information and enrollment status for each member of the household.
- NOTE:** Red text indicates that coverage is not yet active. Once the proper effectuation files have been received by HPF, the red text will disappear, indicating to the customer that the coverage is active.
- In cases where one household member was Conditionally Eligible for Coverage, the eligibility status would read **“Enrolled – Action Required”**. The “Action Required” – implies the need for the customer to take action in submitting documentation.

3.3.23. Enrollment Status Definitions

Depending on a combination of circumstances related to application status, eligibility, enrollment, payment method, and invoice status with the carrier, the customer's "Enrolled Status" will change. The different user facing enrolled statuses will display in the My Household Coverage section of the customer's account dashboard.

Below are the 6 different enrollment statuses, hover over coverage status and definitions for each:

Shop Plans button also has special rules:

- **Shop Plans** will always appear for Apple Health enrollees – year round. Apple Health enrollees can change their managed care plan year round
- **Shop Plans** will only appear for Qualified health/dental plan enrollees during Open Enrollment and if they have an opened Special Enrollment Period

Enrollment Statuses		
User facing "Enrolled Status" column	Hover over "Coverage Status"	Meaning of Status
Shop Plans	Draft	Application has been submitted, but a plan has not been selected
Enrolled	Initiated	Plan is confirmed but no effectuation has been received by <i>Washington Healthplanfinder</i> from the carrier
Enrolled (Static Text)	Active	Effectuation file is received with Active flag
Enrolled (Static Text)	Disenrollment initiated	Effectuation file received with Termination flag
Expired - [reason]	Expired	Enrollment is expired. Show in Coverage History section. Could be due to Non-payment, Voluntary Disenrollment, or Conditional Docs Fail.
Cancelled	Cancelled	Effectuation file received with cancel flag. Enrollment is cancelled. Showing in Coverage History section. Coverage was canceled prior to coverage date, during Open Enrollment or Special Enrollment Period. Users can add or remove members before canceling the entire household.

3.4. Finance and 1095-A Tax Forms

3.4.1. 1095-A Tax Form and Correspondence

Screen Shot

Washington Health Benefit Exchange
 501 Capital Way South
 PO Box 557
 Olympia, WA 98527

 healthplanfinder
 your health insurance marketplace

<<Date>>
 Application ID:
 << Application ID >>

<<Tax-Filer Name>>
 <<Application Mailing Address>>
 <<City, State, Zip Code>>

Important Tax Return Document

Dear << Tax-Filer Name >>,

[Corrected 1095-A Tag]

Thank you for choosing Washington Healthplanfinder for your household's health insurance coverage. When you file your federal taxes for <<YYYY (previous coverage year)>>, you will need the attached 1095-A to report the Health Insurance Premium Tax Credits you received.

When you get advanced Health Insurance Premium Tax Credits you must:

- File taxes for the year you received tax credits.
- File taxes jointly with your spouse, if applicable.

If you have questions or would like more information about premium tax credits, please visit the IRS website at <http://www.irs.gov/ua0/The-Premium-Tax-Credits>

How to Contact Washington Healthplanfinder

Contact us if you have any questions. Let us know if you want a free interpreter or free translations of this letter or other documents we send you. Please contact us if you need help to apply for or access your health care coverage due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>;
- By email at <HBEEMAIL>;
- By calling <HBEPHONE> and <HBETTY>;
- By Fax: <HBEFAX>;
- By mail at:
 <HBEADDRESS1>
 HBEADDRESS2
 HBEADDRESS3
 HBEADDRESS4
 HBEADDRESS5
 HBEADDRESS6
 HBEADDRESS7
 HBEADDRESS8
 HBEADDRESS9
 HBEADDRESS10
 HBEADDRESS11
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 HBEADDRESS99
 HBEADDRESS100

Correspondence ID: <HBEADDRESS101>
 <HBEADDRESS102>

Page 1 of 1

Key Fields

Households and individuals are required to report their health insurance when filing taxes. Customers enrolled in through *Washington Healthplanfinder* in a Qualified health plan receive **Important Tax Return** correspondence by January 31st of the year. The correspondence provides customers with important Health Insurance Premium Tax Credits and the 1095-A tax form for tax filing with the Internal Revenue Service (IRS).

The 1095-A serves as proof of health insurance coverage and is used for tax credit reconciliation. Customers must use these forms to avoid any possible penalties from the IRS.

Individuals receiving advance payments of tax credits during the year are required to report this on their tax return

Individuals wanting to claim tax credits (who did not receive it in advance) will also use this form when filing their taxes

Multiple 1095-A tax forms will be generated for:

- Households with multiple tax filers – each tax filer will receive a form for each plan he / she is enrolled in
- Individuals who change plans during the year – one 1095-A will be generated per plan
- Married couples filing separately
- Married couples filing jointly who are enrolled in separate plans – one 1095-A will be generated per plan

Special note – 1095-A's **are not** be sent to Apple Health customers

Screen Shot

Key Fields



Form **1095-A** **Health Insurance Marketplace Statement** OMB No. 1545-2032
 Department of the Treasury Internal Revenue Service **2014**
 Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a. CORRECTED

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth	
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16				
17				
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form **1095-A** (2014)

Data on the 1095-A includes policy information, coverage dates, tax credits, and monthly premiums. The sections displayed with text will be pre-populated when sent to customers. Customers will use and submit this form when filing their taxes.

Part 1 lists key information about the recipient including:

- Marketplace Identifier (Name of State – WASHINGTON)
- Policy Number, start date, and termination date
- Recipient's name and information

Part 2 provides information on recipient's household members who are covered

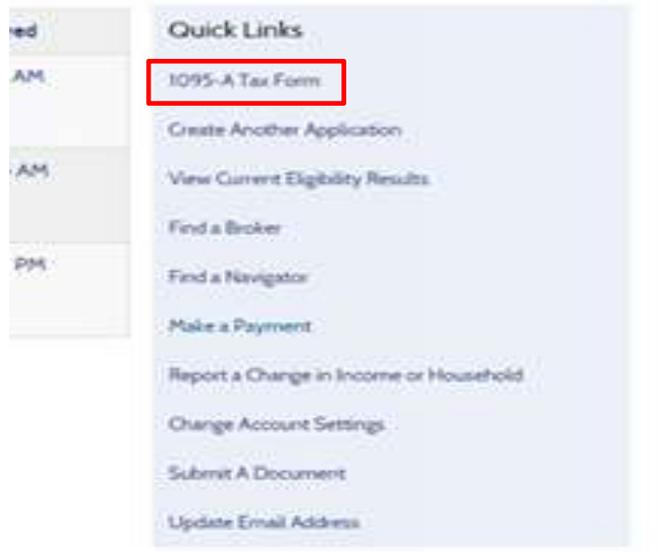
- Information includes coverage start and end date for each covered individual

Part 3 lists the monthly premium amount, monthly premium amount of Second Lowest Cost Silver Plan (SLCSP), and monthly advance payment of premium tax credit (if any)

3.4.2. Customer Navigation to the 1095-A Tax Form

Screen Shot

Key Fields



Customers can view their 1095-A tax form by navigating to the **1095-A Tax Form** link on the dashboard from the Account Home tab. Customers can select which tax year and then click on the magnifying glass to view an electronic version of their 1095-A tax form.

A tax form is generated for each tax filer who is enrolled in a Qualified health plan with or without tax credits through *Washington Healthplanfinder*

Individuals who changed plans during the year will also have multiple forms

Speical note – navigators and brokers can view the 1095-A tax form from the customer’s Message Center by locating the **Important Tax Return** correspondence.

1095-A Tax Form

Select Tax Year:

Policy ID	Recipient Name	Social Security Number	Date of Birth (MM/DD/YYYY)	Date Issued	View
42080	CAREY Logan	XXX-XX-6264	01/01/1979	12/01/2015	

[← Back](#)

3.4.3. Account Worker View and Re-print 1095-A Tax Form

Screen Shot

Key Fields



1095-A Tax Form

Select Tax Year: 2015

Policy ID	Recipient Name	Social Security Number	Date of Birth (MM/DD/YYYY)	Date Issued	View 1095-A	Re-print 1095-A
54219	Marilyn Fischer	XXX-XX-1062	01/01/1979	01/27/2016		

[Back](#)

Self Service Utility

* REQUIRED FIELD

ZENDESK ID *

Zendesk Id

IRS CORRECTION CODE *

IRS Correction Code

SEND EDI *

YES NO

RE-STAGE 1095-A *

YES NO

Select module

SELECT MODULE *

Individual Enrollment

[Get Templates](#)

Select Templates

SELECT A TEMPLATE *

APTC Update

[Get Parameters](#)

Account Workers are able to view the 1095-A tax form by navigating to the “1095-A Tax Form” link on the Account Home dashboard. Account Workers can select which tax year and click the magnifying glass to view an electronic version of their 1095-A tax form or select the green arrow to re-print the form.

Account Workers can make corrections to the enrollment data using the Self-Service Utility tool at any time and re-stage the 1095-A tax form. The customer will then receive the updated tax form accordingly. To access the Self-Service Utility tool Exchange account workers select the **Data Fix Automation** link on the dashboard.

Special note – The self-service utility tool can also be used to update the Second Lowest Cost Silver Plan, where changes can be made directly to the staging data itself.

Screen Shot

Key Fields

3.5. Change Reporting

3.5.1. Change Reporting Process and My Profile Tab

Screen Shot

The screenshot displays the user interface of the Healthplanfinder system. At the top left, there is a 'Message Center' section with the text 'You have no notice at this time.' Below this is a 'Quick Links' menu with several options: 'Submit A Document', 'Create Another Application' (highlighted with a red box), 'View Current Eligibility Results', 'Find a Broker', 'Find a Navigator', and 'Report a Change in Income or Household' (also highlighted with a red box). To the right of the Quick Links is a 'Your Household Coverage Summary' section with a 'PRINT' icon. Below this section, there is a note: 'Washington Apple Health (except Alien Emergency Medical) includes dental coverage. You will be able to select or change your plan(s) by clicking "Stop Plans".'

Key Fields

KEY FIELDS

After a customer is enrolled in health coverage through *Washington Healthplanfinder*, there are certain situations or life events that require the customer to report a change through the system. Situations or life events include but are not limited to:

- Income change (more than \$150 per month)
- Marriage
- Adoption
- Birth
- Change in address/contact information

To report a change, customers will go to the Account Home page, select the link to **Report a Change in Income or Household** and go through the change reporting process

The **Report a Change** link is available on the dashboard even if eligibility is closed or denied

If a user needs to create a second application they can select **Create Another Application** – this should only be done when instructed to or if the user wants to enroll other household members in a separate Qualified health plan or if they are American Indian/Alaska Native household members

Once the change reporting process is completed, the individual will be able to see all updates in the Message Center of the Account Home page



Account Home | Payments | My Household | Action Center | **My Profile**

To update your personal information (address, phone number), click the quick link "Report a Change" on your "Account Home":

USERNAME	LANCEHOPPERS17	
PASSWORD	*****	EDIT
EMAIL ADDRESS	LANCEHOPPERS17@ACL.COM	EDIT
NOTIFICATION	PAPERLESS (BY E-MAIL)	EDIT
SECURITY QUESTIONS		EDIT
	Question 1: What is the month and year of your oldest sibling's birthday? (e.g., January 1970)	
	Question 2: What was the name of the company that you worked at for your first job?	
	Question 3: What was the first name of your childhood best friend?	

My Profile tab for **individual users** will allow customers to easily update:

- Email address
- Notification preference
- Language preferences
- Security questions

View Only Sponsor Information Displayed (if customer has a sponsor)

My Profile tab is available for customers who have a submitted application & created an account

Account Home | Payments | My Household | Action Center | **My Profile**

USERNAME	JACK_C102	
PASSWORD	*****	EDIT
EMAIL ADDRESS	JACK_C102@ABC.COM	EDIT
NOTIFICATION PREFERENCE	PAPER BY MAIL	EDIT
PHONE NUMBER	(703) 456-1234	EDIT
ALTERNATE PHONE NUMBER	Add an alternate phone number	EDIT
HOME ADDRESS	123 HOME ADDRESS, OLYMPIA, WA 98512	EDIT
MAILING ADDRESS	123 HOME ADDRESS, OLYMPIA, WA 98512	EDIT
WRITING LANGUAGE	English	EDIT
SPOKEN LANGUAGE	English	EDIT
SECURITY QUESTIONS		EDIT
	Question 1: What is your oldest sibling's middle name?	
	Question 2: What is your favorite author's last name?	
	Question 3: What was the name of your high school?	

The **My Profile** tab is available to **privileged users (brokers/navigators)** and Exchange and Call Center **account workers**

The **My Profile** tab will allow privileged users and account workers the ability to update:

- Email address
- Notification preference
- Phone number
- Mailing address
- Language preferences
- Security questions
- Physical Address
- Update Authorized Representative (edit through address/phone number screen)
- **View Only** Sponsor Information Displayed (if customer has a sponsor)

3.5.2. Change Reporting to switch to Qualified health plan application

Screen Shot

Key Fields

Message Center

You have no notice at this time.

Quick Links

[Submit A Document](#)

[Create Another Application](#)

[View Current Eligibility Results](#)

[Find a Broker](#)

[Find a Navigator](#)

[Report a Change in Income or Household](#)

Your Household Coverage Summary [PRINT](#)

*Washington Apple Health (except Allen Emergency Medical) includes dental coverage.
You will be able to select or change your plan(s) by clicking "Shop Plans"*



The switching process will close out Apple Health eligibility or deny Qualified health plan tax credits eligibility in order to be eligible for Qualified health plan selection.

Customers who want to switch from an affordable to non-affordable can do so by selecting **Report a Change in Household or Income**

Screen Shot

Key Fields



Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

My household wants to apply for a full-cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, cost sharing reductions, or Washington Apple Health. YES NO

Someone needs to be added to or removed from my list of household members to be considered for coverage. YES NO

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months. YES NO

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant. YES NO

My address has changed. YES NO

Someone in my household has gained or lost health coverage. YES NO

Something else has changed. Examples include:
 - I need to change tax filing status for myself or others in my household.
 - My citizenship or tribal status has changed.
 - Someone has moved out of state. YES NO

[Back](#)

[Next](#)

KEY FIELDS

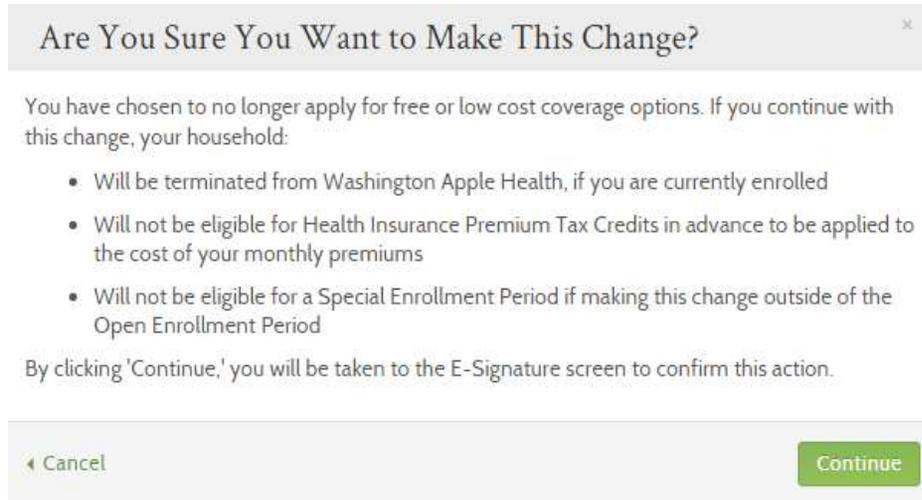
The first question on the Change Reporting Questionnaire will update the households application

- The statement reads, **My household wants to apply for a full cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, cost sharing reductions, or Washington Apple Health**
- Individuals who want to switch to affordable plan will select **Yes** to the statement.

By selecting **Yes** to switch to Qualified health plan without tax credits, all other questions will be disabled in order to process this change and close out prior Apple Health or tax credits plans.

Select **Next** to proceed with Apple Health and Qualified health plan with tax credits closure

Screen Shot



Are You Sure You Want to Make This Change? x

You have chosen to no longer apply for free or low cost coverage options. If you continue with this change, your household:

- Will be terminated from Washington Apple Health, if you are currently enrolled
- Will not be eligible for Health Insurance Premium Tax Credits in advance to be applied to the cost of your monthly premiums
- Will not be eligible for a Special Enrollment Period if making this change outside of the Open Enrollment Period

By clicking 'Continue,' you will be taken to the E-Signature screen to confirm this action.

◀ Cancel Continue

Key Fields



The modal will pop up, asking the customer, **Are you sure you want to make this change?**

It outlines the consequences of making this change:

- Termination from Washington Apple Health, if customer is currently enrolled
- Not eligible for Health Insurance Premium Tax Credits in advance to be applied to the cost of your monthly premiums
- Not eligible for a Special Enrollment Period if making this change outside of the Open Enrollment Period

If customer is making this change outside of Open Enrollment, they will **not be eligible for a special enrollment period**

However, if they have a qualifying life event, they may have the opportunity to apply for a different Qualified health plan

Customers select **Continue** to confirm request

Screen Shot

Key Fields

Primary Applicant's Signature * REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law.
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- By checking this box and signing my name below, I am electronically signing my application
- In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period of no more than five years. I can change my consent any time through Washington Healthplanfinder.
- I have read the [Rights & Responsibilities](#)

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
<input type="text" value="Charles"/>	<input type="text" value="Eg. A"/>	<input type="text" value="Galle"/>

[← Back](#)

[Submit My Application](#)

 **KEY FIELDS**

In order to complete the process, the customer must eSign

By selecting the **Submit My Application**, Eligibility Service will cancel Apple Health eligibility and/or *Washington Healthplanfinder* will close tax credit eligibility.

The **Back** button takes the customer back to Change Reporting questionnaire

After eSign, the system will perform the following actions in the backend:

- *Washington Healthplanfinder* sends force closure code to Eligibility Service
- Eligibility Service response is successful back to *Washington Healthplanfinder*
- *Washington Healthplanfinder* closes Apple Health and tax credit application
- Application is marked as non-affordable

Screen Shot

Key Fields

Eligibility Status

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below. A summary of any tax credit your household is eligible for is available at the bottom of this screen.

2 You have 2 household member(s) with additional action required. Please review for more information.

	2017 Coverage:	2018 Coverage:
John Manke 1 CONDITIONAL Household: Primary Applicant Coverage: QDP+QHP Start Date: 12/01/2017 End Date: 12/31/2017	Qualified Dental Plan & Qualified Health Plan John Manke is conditionally eligible for Qualified Dental & Health Plan coverage. <i>Why this result?</i>	Qualified Dental Plan & Qualified Health Plan with John Manke is conditionally eligible for Qualified Dental & Health Plan coverage with tax credits. <i>Why this result?</i>
Jilly Manke 2 PENDING Household: Child Coverage: WAH w/Premiums Start Date: Not Applicable End Date: Not Applicable View Details	Coverage Start Date 12/01/2017 Coverage End Date 12/31/2017 Renewal Information Not Applicable Next Steps for John Manke You're approved to pick a Qualified Dental Plan and Qualified Health Plan today.	Coverage Start Date 01/01/2018 Coverage End Date 12/31/2018 Renewal Information John Manke will need to renew coverage by 12/31/2018. We will contact you with more information when it's time to renew.

 **KEY FIELDS**

After eSign, customers will reach the Eligibility Results page, which will now indicate the end of Apple health or Qualified health plan with tax credits coverage and new start date of Qualified dental and health plan coverage.

During Open Enrollment:

- Customer will select **Next** button and be navigated to the Explore Your Options shopping pages to select a Qualified health and dental plan for the calendar year.

Outside of Open Enrollment:

- Customer will NOT automatically be able to select a Qualified health and dental plan shopping pages; self-attestation of a Qualifying Life Event is necessary for Special Enrollment Period
- Customer will select **Next** button and be navigated to **See if you qualify** page
- From there, customer will move into Special Enrollment Questionnaire for a chance to qualify for enrollment. Based on the answers provided, the customer may be allowed to select a QHP/QDP.

Special note – The Operator's Manual does not cover Special Enrollment guidelines. Please refer to **Foundational Training 05 - Change Reporting** or <https://www.wahbexchange.org/new-customers/who-can-sign-up/special-enrollment-period/>

4. Application Flow: Renewals

Who has access to this chapter?



- Exchange Operations
- Customer Support Center Representative
- Broker
- Navigator
- Health Care Authority Community Partner
- Tribal Assister
- Health Care Authority Account Worker
- Certified Application Counselor

Chapter Contents



- 4.1 Overview
- 4.2 How customers identify auto-renewal
- 4.3 Apple Health renewal flow
- 4.4 Pregnancy and eligibility
- 4.5 19-year-old Apple Health coverage
- 4.6 Federal Poverty Levels changing and effect on eligibility

4.1. Overview

This chapter will cover the renewal process and screen flow for Washington Apple Health (Medicaid) and Qualified health plan renewals.

Qualified health and dental plan enrollees are required to renew every year typically between November 1 and December 15 for the next plan year.

Individuals eligible for Apple Health are typically approved for up to one year, this is called a certification period. The beginning of the certification period is the first of the month they are eligible and the end of the certification period is always on the last day of the last month.

Approximately 60 days prior to coverage end date, *Washington Healthplanfinder* will attempt to auto-renew the customer's Apple Health coverage

- *Washington Healthplanfinder* sends information to Eligibility Service, to determine whether enrollee is still Apple Health eligible

If customer is still eligible, the customer is auto-renewed and notification sent to inform the customer. The auto renewal letter is **Washington Apple Health – Renewal** (EE008). If they cannot be auto-renewed, the **Washington Apple Health Renewal – Action Required** (EE009) mails advising the customer to take action to renew.

If a customer misses their renewal deadline, they have 90 days following the coverage end date to renew their Apple Health coverage. If they are determined eligible for Apple Health still, they are enrolled in Apple Health back to the date coverage ended.

Examples of applications that may not qualify for auto-renewal are:

- If the customer's income has changed and there is a discrepancy between the customer's income on their original application and the customer's current income
- If the customer has a member of their household who has turned 19 years old since the original application was submitted, they will need to be listed as "Not seeking coverage" and, additionally, will need to submit their own application
- If the customer had a child since the original application was submitted, they will need to update application to reflect new household composition
- If the customer needs to provide verification documentation by uploading said documentation into the system
- If the customer did not agree on the E-Sign page to pull down tax data to auto-renew when they first applied (in some cases)

To manually renew, the customer can send a paper application to the *Washington Healthplanfinder* Customer Support Center or submit a renewal through *Washington Healthplanfinder*. If an individual chooses to send a paper application, an account worker will have the option to upload the renewal application form that is received by the Exchange. In addition, for applications that are processed by mail and phone, an account worker will be responsible for completing the application and submitting them as per the regular process.

4.2. How will the customer know whether he/she has been auto-renewed?

4.2.1. Customer is auto-renewed

If an individual is auto-renewed, the *Washington Healthplanfinder* will send them a notification that outlines the information used to renew the application.

Account note – If an individual does not have an account created on *Washington Healthplanfinder*, they are not able to access this notification online. If, however, an applicant creates an account and their application information (First Name, Last Name, SSN, DOB) matches the information on the renewed application, the customer is able to see this renewal notice through *Washington Healthplanfinder* and renew their coverage online.

Qualified health and dental plan enrollees will receive Open Enrollment notices prior to Qualified health and dental plan Open Enrollment. Typically, this is in November.

Screen Shot **Step-by-Step**

BERNIE HICKMAN
1320 W HOPKINS ST
PASCO WA, 99301

02/22/2017
Application ID:
1731

Washington Apple Health Renewal - Review Only

Dear BERNIE Hickman,

Please review your attached application. Based on this information you previously reported, the Washington Apple Health coverage for the following individuals was renewed automatically:

	Begin Date	End Date
GARY Hickman	03/01/2016	02/28/2018

For Washington Apple Health with Premiums your monthly premium is \$20.00

If you get 3 months behind in paying your premiums, we will stop your children's Washington Apple Health with Premium coverage. Your child will be able to get coverage again if you pay the full amount owed or if your household income goes down to the point that your children can get Washington Apple Health at no cost.

You never have to pay a premium for Washington Apple Health for a child who is an American Indian, an Alaska Native, or pregnant. If you are paying premiums for any such child, contact us to update this information.

Correspondence ID: EE008-21898 Page 1 of 11

Washington Apple Health Renewal – Review Only (EE008)

If customer is still eligible, the customer is auto-renewed and a notification is sent to inform the customer

Customers enrolled in Apple Health can update their plans anytime during the year from the **Shop Plans** button on their **Account Home**

This notification informs the customer that their Apple Health eligibility has been renewed. The notification includes household details in pages to follow.

Customers should review this information carefully. If they indicate that any of this information is incorrect, report changes by:

- Going online to www.wahealthplanfinder.org
- Calling *Washington Healthplanfinder* at 1-855-WAFINDER (1-855-923-4633)
- Reach out to their broker/navigator (if partnered)
- Making changes on this page, signing the document, and mailing or faxing to:

PO Box 946
Olympia, Washington, 98507 or
Fax: 1-855-867-4467

Screen Shot

HANS RAMSEY
215 E MAIN ST
PULLMAN WA 99002

10/01/2017

Application ID:
72110

Time to Renew Your Coverage

Dear HANS Ramsey,

Open enrollment is 11/01/2017 - 01/31/2018. This letter has information about your coverage for next year.

Anticipated household health care eligibility for next year:

Name	Anticipated Eligibility Program	Anticipated Eligibility Start Date	Anticipated Eligibility End Date
Catherina Ramsey	Qualified Health Plan	01/01/2018	12/31/2018
Percy Ramsey	Qualified Health Plan	01/01/2018	12/31/2018
HANS Ramsey	Qualified Health Plan	01/01/2018	12/31/2018

Anticipated household dental care eligibility for next year:

Name	Anticipated Eligibility Program	Anticipated Eligibility Start Date	Anticipated Eligibility End Date
HANS Ramsey	Qualified Dental Plan	01/01/2018	12/31/2018
Catherina Ramsey	Qualified Dental Plan	01/01/2018	12/31/2018
Percy Ramsey	Qualified Dental Plan	01/01/2018	12/31/2018

Correspondence ID: 8831124718

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How to Finalize Your Coverage for Next Year

During open enrollment, you can sign in to your account to review details about your plan or shop for a new plan. Or, you can choose not to renew your coverage for next year. If you had changes during the year, this is a good time to update your application.

If you do not take any action during open enrollment, your household will be enrolled in the plan(s) listed above. Please note that the monthly premium amounts may have changed.

Step-by-Step

Time To Renew Your Coverage (EE0017) – Qualified health plan
Customers eligible for auto renewal will receive a **Time to Renew Your Coverage** correspondence (EE0017)

The correspondence notifies them of their next year's eligibility along with household application details

Take note that the notice also offers instructions of **How to Finalize Your Coverage Next Year**.

Auto-renewal customers can update their application and report changes if needed

Customers do so by selecting **Report a change in income or household** on their **Account Home**

It is important to keep in mind that if customers need to report a change for the upcoming plan year they should do so after November 15th, but by December 15th for a January 1st coverage effective date

- Changes reported November 1st through November 15th will have December 1st effective date
- Most changes reported November 16th through December 15th will have a January 1st effective date

Please review this information carefully. If you find that any of this information is incorrect, report the changes by:

- Going online to www.wahealthplanfinder.org
- Calling *Washington Healthplanfinder* at 1-855-WAFINDER (1-855-923-4633)
- Reach out to their broker/navigator (if partnered)

4.2.2. Customer does not qualify for auto-renewal

If an individual does not qualify for auto-renewal, *Washington Healthplanfinder* will send them a notification that outlines how they can manually renew their application.

Qualified health plan customers must select a new plan during Open Enrollment (typically November through December for the next plan year) or during a Special Enrollment Period due to a qualifying life event (typically 60 days from experiencing a qualifying life event).

Apple Health customers start their renewal by selecting **Update My Application and Renew Coverage**

If a customer misses their Apple Health renewal deadline, they have 90 days after the coverage end date to renew their Apple Health. If eligible, Apple Health coverage is effective back to the date it ended

Examples of applications that may not qualify for auto-renewal are:

- If the customer's income has changed and there is a discrepancy between the customer's income on their original application and the customer's current income
- If the customer has a member of their household who has turned 19 years old since the original application was submitted, they will need to be listed as "Not seeking coverage" and, additionally, will need to submit their own application
- If the customer had a child since the original application was submitted, they will need to update application to reflect new household composition
- If the customer needs to provide verification documentation by uploading said documentation into the system
- If the customer did not agree on the E-Sign page to pull down tax data to auto-renew when they first applied (in some cases)

Screen Shot

RENEWICK WA 98338

08/09/2016

Application ID: [REDACTED]

Washington Apple Health Renewal - Action Required

Dear [REDACTED]

[REDACTED] is turning 19 years old and will lose Washington Apple Health coverage as part of your household on 09/30/2016.

They can complete their own application on or after 09/01/2016. But, they must complete it before 09/23/2016 so they don't lose health care coverage.

You must take action to keep getting health care coverage for the individuals listed below:

- [REDACTED]

If you do not complete your renewal by 09/30/2016, the health care coverage for the individuals listed above will end on 09/30/2016.

Please review your attached account information and to avoid a gap in coverage, complete your renewal by doing one of the following:

- Online <http://www.wahealthplanfinder.org>
 - o From your dashboard under "Quick Links," click on "Update My Application and Renew My Coverage" to make any necessary changes to your application.
- Call 1-855-WAFINDER (855-923-4633)
- You can also make changes on the attached application, sign, and return:
 - o By Mail: Washington Healthplanfinder
PO Box 946
Olympia WA 98507

Correspondence ID: EE009-40600638

Page 1 of 10

Step-by-Step

Washington Apple Health Manual Renewal –

Apple Health customers who are not auto-renewed will receive a correspondence **Washington Apple Health Renewal – Action Required** (EE009) almost 2 months before their coverage end date

The correspondence informs them of when action is required and when they must take action

The correspondence will also list out their household details, such as application members and income

To manually renew, an individual can report the changes by:

- o Going online to www.wahealthplanfinder.org
- o Calling *Washington Healthplanfinder* at 1-855-WAFINDER (1-855-923-4633)
- o Reach out to their broker/navigator (if partnered)
- o Making changes on this page, signing the document, and mailing or faxing to:

PO Box 946

Olympia, Washington, 98507 or

Fax: 1-855-867-4467

Screen Shot

MALCOLM MANUEL
915 JEFFERSON ST SE
OLYMPIA WA 98502

01/30/2017

Application ID:
261835

Enrollment Deadline for Coverage

Dear Malcolm Manuel,

We recently sent you a notice with your household's anticipated eligibility for next year. You must sign in to your account and select "Update my Application and Renew Coverage" to renew coverage for next year.

You must select a plan by December 15, if you want coverage starting January 1. If you don't select a plan by December 15, then your coverage start date will depend on when you select a plan.

If you don't select a plan by 01-31-2017, You won't be able to select a plan until next year's open enrollment unless you have a change in your household.

For more help

- Visit www.wahealthplanfinder.org or visit www.wahbexchange.org for tips and resources
- Call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604)
- Contact us by fax at 1-855-867-4467 or by mail at PO Box 946 Olympia WA 98507

Step-by-Step

Qualified health and dental plan Manual Renewal:

Customers who are required to manually renew receive an **Enrollment Deadline for Coverage Notice** (EE002)

These customers will select **Update My Application and Renew Coverage** link from their Account Home Quick Links

Follow the Qualified Health Plan Open Enrollment schedule

Take the application review steps to updating their information online and selecting a plan for the new coverage year

Should take action by December 15th for January 1st coverage effective

4.3. Customer Renewal Flow

4.3.1. Update My Application and Renew Coverage

Screen Shot

HOME | EN ESPAÑOL WELCOME, RYVE BROKER (view info) | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered

Notice:
Health Plan Renewal
You are currently in a renewal period. You must take action by November 30, 2017

Account Home Payments My Household Document Center My Profile

Message Center

Notice	Date/Time Received
Eligibility Results [Details]	11/01/2017, 12:40 PM
Eligibility Results [Details]	11/01/2017, 12:40 PM
Electronic Notification Confirmation [Details]	11/01/2017, 12:39 PM

View More +

Quick Links

- Create Another Application
- View Current Eligibility Results
- Update My Application and Renew Coverage**
- Manage My Broker
- Find a Navigator
- Report a Change in Income or Household
- Submit A Document
- Verify Id Proofing

Your Household Coverage Summary [PRINT](#)

You will be able to select or change your plan(s) by clicking "Shop Plans"

Current Year- 2017

Health Coverage
Washington Apple Health (except Alien Emergency Medical) includes dental coverage.

Name	Plan Name	Start Date	End Date	Renewal Date	Status	Action
Rocco Loewe	Washington Apple Health	12/01/2016	11/30/2017	11/30/2017	Enrolled	Shop Plans
Mikaela Loewe	Washington Apple Health	12/01/2016	11/30/2017	11/30/2017	Enrolled	Shop Plans

Step-by-Step

Customer Renewal Flow:

From the Account Home screen, a link to “**Update My Application and Renew Coverage**”.

For Qualified health plans this will appear during Open Enrollment

For Apple Health customers the renewal link appears within 60 days of the individual’s renewal end date

- This link will be active until the existing Apple Health coverage is terminated (90 days after)
- *Example: Apple Health terminates 09/31/ for not renewing. The link will display for 90 more days (through 12/31)*

Upon selecting this link, customer is able to update their application information to renew coverage

4.3.2. About You Page

Screen Shot

Step-by-Step

About You

While navigating the renewal flow, customers and account workers assisting them should review each and every page in order to make sure the information included is correct.

If there are no changes to the application, simply navigate to the next page by selecting **Next**. Account workers and privileged users have an expedited flow that we will review in section

On the About You page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking “Next.”

Important Note about First Name/Last Name:

- Unless the applicant has legally changed his/her name with the State of Washington, it is important to *maintain the same name in the system*

Important Note about Applying for HIPTC, Cost-sharing Reductions, and WAH.

- See the red box around the statement, “You are applying for health insurance premium tax credits, cost-sharing reductions, and Washington Apple Health.”
- Whereas the About You page usually allows you to select “Yes” or “No” to this statement, the Renewal process does not allow you to change your option to “No,” or selecting a QHP only, since the customer is in a WAH Renewal process.
- In order to forgo HIPTC or WAH eligibility, the customer would need to exit the WAH Renewal process and go to the Change Reporting form.
- See more on switching to QHP (from existing HIPTC or WAH eligibility) in Chapter 3’s section on Change Reporting.

4.3.3. Primary Applicant's Information

Screen Shot

Step-by-Step

Primary Applicant's Information APPLICATION ID: 57956

What is your home address?

ADDRESS LINE 1: ADDRESS LINE 2:

CITY: STATE: ZIP:

COUNTY:

What is your mailing address?

My mailing address is the same as my home address

ADDRESS LINE 1: ADDRESS LINE 2:

CITY: STATE: ZIP:

COUNTY:

How may we reach you?

We will only use this contact information to reach you regarding your account and will only share it for official uses by health insurance carriers.

PHONE NUMBER: PHONE TYPE:

ALTERNATE PHONE NUMBER: ALTERNATE PHONE TYPE:

I would prefer to receive written communication by email

CAN YOU READ ENGLISH? YES NO

CAN YOU SPEAK ENGLISH? YES NO

Authorized Representative

I have an Authorized Representative

[Back](#) [Save and Exit](#) [Next](#)

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking “Next.”

On the Primary Applicant's Information page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking “Next.”

Screen Shot

Step-by-Step

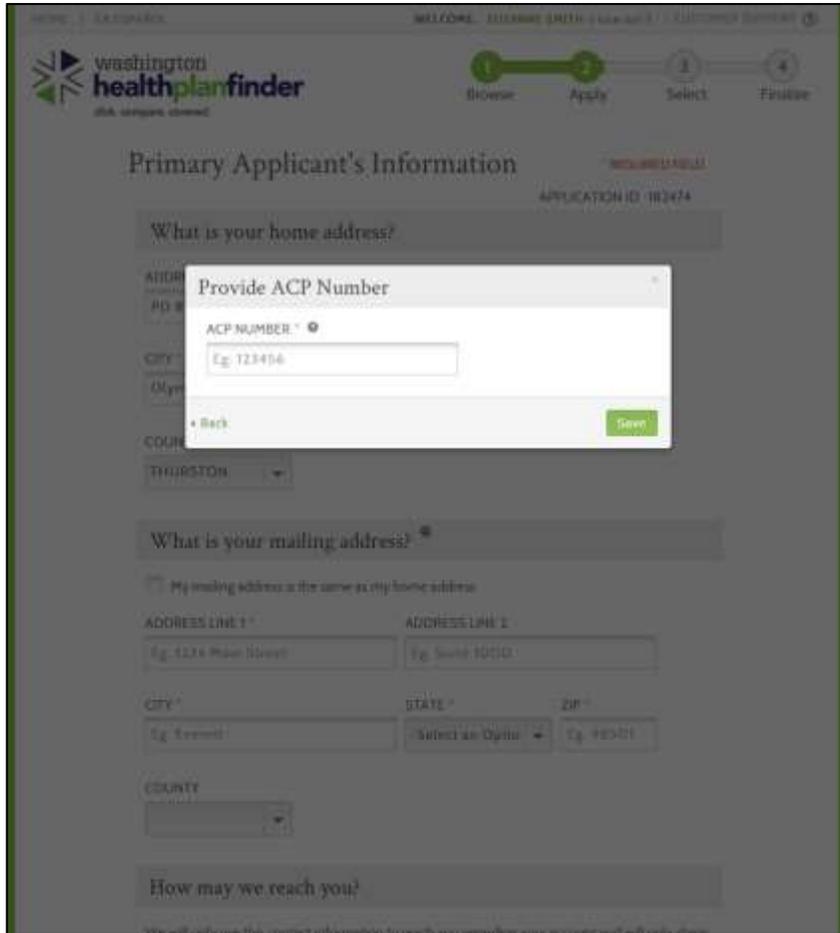
 **KEY FIELDS**
For Customers Enrolled in the Address Confidentiality Program:

- Customers who are enrolled in Washington's Address Confidentiality Program (ACP) will enter the following address in the home address fields in place of their actual home address:

Address: PO Box 257
 City: Olympia
 State: Washington
 Zip Code: 98507

- After inputting the address information and zip code, the pop-up shown on the left will appear. Each household enrolled in ACP will have a unique ACP number (also known as Postal Mail Box or PMB) that the applicant will input into this pop-up and click Save.
- After clicking Save, the applicant will continue filling out the rest of the application.

NOTE: The CSR should inform the customer that they will be able to indicate in which county they would like coverage on the e-signature page at the end of the application.



The screenshot displays the 'Primary Applicant's Information' section of the Washington Healthplanfinder application. A pop-up window titled 'Provide ACP Number' is overlaid on the form, containing an input field for 'ACP NUMBER' with a placeholder 'Eg. 123456' and a 'Save' button. The background form shows fields for 'What is your home address?', 'What is your mailing address?', 'ADDRESS LINE 1', 'ADDRESS LINE 2', 'CITY', 'STATE', 'ZIP', and 'COUNTY'.

4.3.4. Primary Applicant's Taxes

Screen Shot

Step-by-Step f

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking “Next.”

On the Primary Applicant's Taxes page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking “Next.”

Review Every Household Member's Tax Filing Status

- The applicant should review the tax information for each and every member of his/her household to ensure that any changes are reflected in the WAH renewal application

Tax Filing Status Definitions

- Applicants may click on **Tax Filing Status Definitions** link to review descriptions before selecting the appropriate tax filing status

Note Regarding Tax Filing Status Years:

- During a Special Enrollment Period during end of year Open Enrollment, this screen will only reflect 2015 (i.e., current year) tax filing status questions
- During Open Enrollment, this screen will reflect 2016 (i.e., next year's) tax filing status
- Primary Applicants who have turned 19 during the current plan year and were notified they must manually renew during Open Enrollment will be prompted to update the tax filing status, and will **no longer** have the ““Dependent of Someone Outside the Household” (DSO) tax filing status in the tax filing drop-down menu.

Note Regarding Different Tax Filing Statuses for Current Year and Next Year:

- If applicant indicates **Single Filing Taxes** for 2014 and **Married Filing Taxes Jointly** for 2015, a pop-up may appear asking the applicant to indicate his/her current tax filing status for the following

Screen Shot

Step-by-Step f

year. To change the status next year, the applicant will need to report the event after it occurs. Following the Special Enrollment Period policies, the individual will have 60 days after the date of the event to report the change to *Washington Healthplanfinder*.

Tax Filing Status Definitions

Single filing taxes: This individual is not married and does not qualify for another filing status.

Head of Household: If you are considered unmarried, you may be able to file as a head of household or as a qualifying widow(er) with a dependent child.

Qualified widow(er) with dependent children: IRS regulations provide that an individual may be eligible to use qualifying widow(er) with dependent child as their filing status for two years following the year their spouse died. If an individual's spouse died during the year, they are considered married for the whole year and can choose married filing jointly as their filing status.

Married filing taxes separately: This individual is married and she/he and their spouse do not agree to file a joint return. This individual must use this filing status unless they qualify for "head of household" status.

Married filing taxes jointly: This individual is married and she/he and their spouse agree to file a joint return. If this tax filing status is selected, the spouse, and combined income and deductions must be included on this application.

Primary applicants under the age of 19 may select one of the following tax filing statuses:

- Single filing taxes
- Head of household
- Qualified widow(er) with dependent child
- Married filing taxes separately
- Married filing taxes jointly
- Tax dependent of someone on the application
- Tax dependent of someone not on the application
- Person has neither filed taxes nor was tax dependent

The Tax Filing Status definitions are intended to provide applicants with information regarding each status so that they can select the appropriate status.

NOTE: There is a new tax filing status of "Head of Household." This is needed to accommodate individuals who are "considered unmarried" by IRS standards and therefore are allowed to file a separate return and still be eligible for the tax credit. "Head of Household" will be sent to ES as Single Filing Taxes.

To accommodate individuals who are removing their spouse due to death, there is a new tax filing status: "Qualified Widow(er) With Dependent Child". The output of this is similar to Single Tax Filing Status based on ES results. A death and/or child is not required for an Individual to claim "Qualified Widow(er) with Dependent Child."

NOTE: The Primary Applicant can list their tax filing status as Married Filing Jointly, even if their spouse is deceased (as long as his/her spouse passed away within the same calendar year (tax filing year).

Screen Shot

Step-by-Step f

Adult disabled tax dependent of someone on the application: will be or has been claimed as a qualifying tax dependent, is over the age of 26, and is the child of the Primary Applicant for this application (to include natural, adoptive, or step child). Please visit www.irs.gov for more information as to who can be considered a qualifying adult tax dependent.

Tax dependent of someone on the application: An individual on this application plans to claim this individual as a qualifying person/tax dependent on their tax return. Please refer to [IRS regulations](#) for more information.

Adult disabled tax dependent of someone not on the application: will be or has been claimed as a qualifying tax dependent, is over the age of 26, and is a child of someone not on this application (to include natural, adoptive, or step child). Please visit www.irs.gov for more information as to who can be considered a qualifying adult tax dependent.

Tax dependent of someone not on the application: An individual that is not on this application plans to claim this individual as a qualifying person/tax dependent on their tax return. Please refer to [IRS regulations](#) for more information.

Person has neither filed taxes nor was tax dependent: This individual does not intend to file a tax return. Please refer to [IRS regulations](#) for more information.

NOTE: The following statuses may NOT be selected for the primary applicant, but may be selected for others in the household:

- Adult disabled tax dependent of someone not on the application
- Adult disabled tax dependent of someone on the application

4.3.5. Do you have other household members or tax dependents?

Screen Shot

Step-by-Step

Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Julie Wells	Edit	Remove
Julie Wells	Female	XXX-XX-1554	██████	Yes	N/A		
John Wells	Male	XXX-XX-1615	██████	Yes	Yes		
Candy Wells	Female	XXX-XX-1610	██████	Yes	Yes		

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking “Next.”

On the Household Members or Tax Dependents page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking “Next.”

To edit information for household members:

- Click the “Edit” button – it should look like a pencil
- Upon clicking the “Edit” button, the applicant will be taken to the Add Household Member pop-up, which will be pre-populated with the household member’s information

NOTE: If changes need to be made there is a red message at the top of the box explaining what needs to be updated and for whom.

NOTE: A person who is not a legal permanent resident of the United States may not be added to an application seeking coverage, but a qualifying relative who is being claimed as a tax dependent does not need to reside with the Primary Taxpayer if:

- The dependent is not claimed by another taxpayer.
- The dependent earns less than the personal exemption amount during the year.
- The taxpayer provides more than half of the dependent's total support during the year.
- **The dependent must be a citizen or resident alien of the United States, Canada, or Mexico**
- The dependent meets the relationship test:
 - son or daughter, grandson or granddaughter, great grandson or great granddaughter, stepson or stepdaughter, or adopted child,
 - brother or sister,

- half-brother or half-sister,
- step-brother or step-sister,
- mother or father, grandparent, great-grandparent,
- stepmother or stepfather,
- nephew or niece,
- aunt or uncle,
- son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, or mother-in-law, or
- Foster child who was placed in your custody by court order or by an authorized government agency.

NOTE: Currently the HPF will not accept out of country addresses, to facilitate adding qualified individuals living outside of the country:

- Add member to application as **Not Seeking Coverage**
 - Indicate they are not residing with the Primary Applicant.
 - Enter in the address as below:
 - Address Line 1: Out of Country address
 - Address Line 2: Leave blank
 - State: WA
 - City: Primary Applicant's city
 - Zip: Primary Applicant's zip code
-

Add Household Member

FIRST NAME *	MI	LAST NAME *	SUFFIX
<input type="text" value="Gerald"/>	<input type="text" value="Eg. J"/>	<input type="text" value="Torres"/>	<input type="text"/>
SOCIAL SECURITY NUMBER *	DATE OF BIRTH *	SEX *	
<input type="text" value="105-12-1342"/>	<input type="text" value="11/01/1976"/>	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	
RACE	HISPANIC ORIGIN *		
<input type="text" value="Thai"/> <input type="text" value="Unreported"/> <input type="text" value="Vietnamese"/> <input type="text" value="White"/>	<input type="text" value="Not Reported"/>		
IS THIS PERSON AN AMERICAN INDIAN OR ALASKA NATIVE? *	<input type="radio"/> YES <input type="radio"/> NO		
HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT? *	<input type="text" value="Deceased Spouse"/>		
IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER? *	<input checked="" type="radio"/> YES <input type="radio"/> NO		
WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2014? *	<input type="text" value="Head of household"/>		
IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2014 FOR TAX YEAR 2015? *	<input type="radio"/> YES <input checked="" type="radio"/> NO		
WHAT WILL BE HIS OR HER TAX FILING STATUS FOR TAX YEAR 2015? *	<input type="text" value="Married filing taxes join"/>		
WHO IS THE PRIMARY TAX PAYER 2015? *	<input type="radio"/> GERALD TORRES <input checked="" type="radio"/> GERALD TORRES'S SPOUSE		
DATE OF DEATH *	<input type="text" value="11/01/2014"/>		
<input type="button" value="Cancel"/>	<input type="button" value="Save"/>	<input type="button" value="Save & Add Another"/>	

Applicant should update and change any information for the household member, as needed.

19-Year-Old Household Member

- If the application includes an individual who turned 19 years old since the original application was submitted, the Primary Applicant must list that individual as Not Seeking Coverage on the renewal application
- The 19-year-old applicant must fill out his/her own separate application in order to qualify as eligible for WAH
- For more important information regarding 19-year-old household members and Washington Apple Health eligibility, please see Section 4.5

Spouses and Domestic Partners

- The Primary Applicant must be legally married to the individual he/she lists as his/her spouse in Washington Healthplanfinder
- If the Primary Applicant has entered into a domestic partnership with another member of his/her household, he/she should not list that individual as his/her spouse
- Applicants whose spouse passed away during the year can still claim tax filing status of **Married Filing Jointly** for the remainder of the year. In this situation, the applicant should add his/her spouse to the application and set the Household Relationship status as **“Deceased Spouse”**
- By selecting “deceased spouse” on the relationship field of the “Do you have other household members or tax dependents?” screen, the system will automatically adjust the application to “not seeking coverage” for the individual and will sync with technical business rules in the backend to prevent system errors related to mismatched tax filing status. The “Is this person applying for coverage?” question will be auto selected to No (but the customer can still change it to Yes) and the “Is this person living with the PA?” question will be automatically hidden.
- **NOTE:** The mismatched tax filing status errors are scheduled to be fixed in April 2015. This is important because previously there was no indicator for “deceased spouse” so the Primary Applicant had to apply for their spouse fully in order for no Tax Filing error to appear.

Once the application was submitted, the customer would then come back into the application to report a change to remove their spouse. Even in this instance, the system errored out if the tax filing status was still Married Filing Jointly, because the technical rules made it so that a Primary and a spouse needed to be on the application for Married Filing Jointly to be possible.

Tax Filing Status

- During a Special Enrollment Period during end of year Open Enrollment, this screen will only reflect current year tax filing status questions and will not include tax filing status questions about 2014.

4.3.6.

Set Household Relationships

Screen Shot

Set Household Relationships * REQUIRED FIELD

Please indicate relationship between the household members below.

<p>JULIE WELLS'S RELATION TO JOHN WELLS *</p> <p>Spouse (including same) ▾</p>	<p>JOHN WELLS'S RELATION TO JULIE WELLS *</p> <p>Spouse (including same) ▾</p>
<p>CANDY WELLS *</p> <p>Parent ▾</p>	<p>CANDY WELLS *</p> <p>Child ▾</p>

<p>CANDY WELLS'S RELATION TO JULIE WELLS *</p> <p>Child ▾</p>	<p>JOHN WELLS *</p> <p>Parent ▾</p>
--	--

◀ Back Next ▶

Step-by-Step

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking "Next."

On the Set Household Relationships page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking "Next."

On the Set Household Relationships page, it is important to list the correct relationships between members of the household and the Primary Applicant (e.g., "step-child" v. "child," "domestic partner" vs. "spouse").

For each relationship listed, a relationship must be selected from the appropriate drop down menu.

If the appropriate relationship is not listed, select "Unrelated."

- Parent
- Legal guardian
- Other relative
- Child
- Spouse (including same sex marriage)
- Deceased Spouse
- Domestic Partner (must be registered with the State of Washington)
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grandchild
- Sibling

- Grandparent
- Step parent
- Step child

NOTE: If the applicant added a deceased spouse on the application, the **Household Relationship** field will **auto populate** with **“Deceased Spouse”** as the relationship between the primary applicant and the deceased spouse. In the initial application process, the applicant must indicate that the added family member is a deceased spouse; this will not be an option in the dropdown if the relationship was not indicated previously.

NOTE: If “Deceased Spouse” is indicated as a relationship:

This action triggers the system to pre-populate the household relationships screen with the Spouse’s relationship to the PA as “Deceased Spouse”. The customer must set the remaining household relationships in the Set Household Relationships screen, but the spouse’s relationship to the PA will be read-only (pre-populated based on previous step).

NOTE: Deceased spouse’s relationship status will be pre-populated and cannot be changed on this screen. The relationships to the remaining household members must be set. There is no “deceased parent” option, so if the deceased spouse was a parent to a child on the application, the customer would set the relationship status simply as “parent.”

HOME | EN ESPAÑOL | WELCOME, HARRY SMITH | SIGN OUT | CUSTOMER SUPPORT

washington healthplanfinder
what, compare, covered

1 Browse 2 Apply 3 Select 4 Finalize

Additional Questions *REQUIRED FIELD

The information below is needed to determine eligibility for those applying for coverage. Please respond to the questions below for the members of your application who are applying for coverage.

Harry Smith
 Natalie Smith
 Ronny Smith
 Pat Smith

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? YES NO

Are any of the members listed above currently incarcerated? YES NO

Have any of the members listed above regularly used tobacco products in the last 6 months? YES NO
(Note: Your answer to this question will not be used to check your eligibility for Washington Apple Health or Health Insurance Premium Tax Credits.)

Do any of the members listed above have health insurance? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. YES NO

Are all the members listed above residents of the state of Washington? YES NO

Do you have an adult child who is a disabled dependent 16 years or older? YES NO
(Note: Your answer to this question will only be used to check your eligibility for Health Insurance Premium Tax Credits.)

Is any household member on this application currently pregnant? YES NO

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking “Next.”

On the Additional Questions page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking “Next.”

Pregnancy

- If the customer had a child since the original application was submitted, he/she will need to update the application to reflect new household composition
- If the Primary Applicant previously listed herself or any of his/her dependents as pregnant, and any of those individuals has had a child, the Primary Applicant will need to update the question “Is any household member on this application currently pregnant?” manually
 - If this question is not updated, the application may result in an incorrect eligibility determination
- For more important information regarding pregnancy and Washington Apple Health eligibility, please see **Section 4.4**

Q: If you are not registered to vote where you live now, would you like to apply to register to vote?

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

YES

NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, 1-800-448-4881. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email elections@sos.wa.gov, or call 1-800-448-4881.

◀ Back Save and Exit Next

This question is part of the Additional Questions section and applies to the primary applicant listed on the application.

- YES
 - The applicant will be linked to the Secretary of State (SOS) voter registration website where they may register online, download and print a voter registration application, or request that a voter registration form be mailed to them
 - The SOS voter registration site opens behind the HPF application and appears when the user closes the application

- NO

The primary applicant is choosing not to register to vote at this time.
NOTE: The applicant's answer to this question will not affect their eligibility.
NOTE: The application cannot proceed until the user selects YES or NO to this question.
 For Account Workers who are processing paper applications, older versions of the paper application will not have the voter registration question on the form.

- If the paper application does not have the voter registration question listed or if the applicant did not respond to this question, the Account Worker will answer NO to this question
- If the applicant did answer the voter registration question, Account Workers will answer this question according to how it is filled out on the paper application (See below for further details if a customer answers yes to this question)

Account Workers who are helping a customer over the phone will ask the customer this question and input the customer's answer accordingly. If a customer selects YES to this question, **see below for the step-by-step process.**

NOTE: An Account Worker **cannot** fill out the voter registration form on behalf of the customer

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

Yes

No

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, 1-800-448-4881. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email elections@ssa.wa.gov, or call 1-800-448-4881.

← Back Save and Exit Next →

1 STEP

For paper applications and when Account Workers are assisting customers on the phone where the customer has answered Yes for the voter registration question:

The Account Worker will select **Yes** on the voter registration question.

first name

First Name

last name

Last Name

Date of Birth:

Month (MM) Day (DD) Year (YYYY)

Month Day Year

continue

Accessibility

2 STEP

Upon clicking **Yes** to the voter registration question, the Secretary of State screen will open in a separate browser window / tab. This is an external website for voter registration and is outside of the *Washington Healthplanfinder* system.

The Account Worker will enter the applicant's first name, last name, and date of birth and click the **continue** button.

It appears you are not currently registered to vote in Washington. Please click "Register to Vote" to begin the registration process.

If you believe you are registered to vote, please check the information entered below. If you need to make a correction, make it below and click "continue".

[Register to Vote →](#)

first name
Sharon

last name
Healthy

Date of Birth
Month (MM) Day (DD) Year (YYYY)
02 10 1986

[continue](#)

Accessibility

3 STEP

After clicking the **continue** button, the website will check to see whether the individual has already registered to vote according to the information provided.

If not, red text will show noting that the individual is not currently registered to vote. The Account Worker will then click on the **Register to Vote** button.

It appears you are not currently registered to vote in Washington. Please click "Register to Vote" to begin the registration process.

If you believe you are registered to vote, please check the information entered below. If you need to make a correction, make it below and click "continue".

[Register to Vote →](#)

4 STEP

Click on the **register to vote** link.

Then click on the **register by mail**.

NOTE: Clicking on the **start new registration** button will take the Account Worker to the online version of the voter registration form. An Account Worker **cannot** fill out the voter registration form on behalf of the customer but he / she can request to have the voter registration form mailed to the customer.



Welcome to online voter registration.

You will need one of the following:

- a current Washington State driver license
- a current Washington State ID card

If you do not have either of these, you may still [register by mail](#) or in person.

[start new registration](#)

Click on the **request by mail** link.

Then click **By mail** on the **Elections & Voting** page.

The screenshot shows the Washington State Elections & Voting website. At the top, there is a navigation bar with the following links: [VOTERS](#), [CANDIDATES](#), [INITIATIVES & REFERENDUMS](#), [VOTER EDUCATION](#), [REGISTRATION & EASY RESULTS](#), and [ADMINISTRATIVE](#). The main heading is "Register to Vote". Below this heading, there is a sub-heading "Before you register to vote, view voter eligibility and dates and deadlines." followed by three options: "Online — you'll need a Washington State Driver license or ID", "Print — in English and other languages", and "By mail — request a form (up to 1,000 for a voter registration drive)". The "By mail" option is highlighted with a red box. Below these options, there is a link: "Washington State agencies - [order voter registration forms](#)".

Requesting Voter Registration Forms By Mail



Are you representing a State or Public Agency?

Please use the [State/Public Agency Request Form](#). The form below is intended only for individual voters and voter registration drives.

Contact name *

Mailing address *

City *

State *

Zip *

Phone *

Email

Number of Voter Registration Forms

You cannot request more than 1000 total forms.

English

Chinese

Spanish

Vietnamese

Submit

Fill in the following with the customer's information:

- Contact Name
- Mailing Address
- City
- State
- Zip
- Phone
- Email

Choose the language/number of forms requested for the voter registration form.

Click **Submit**.



7 STEP

The process is now complete to request voter registration forms by mail for the customer.

The Account Worker will close the SOS website page and proceed with the remainder of the application in *Washington Healthplanfinder*.

4.3.7. Pregnancy End Date

Screen Shot	Step-by-Step
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If the applicant changes the status of any previously pregnant individuals in the **Is any household member on this application currently pregnant?** section, the Pregnancy End Date pop-up will appear.

To correctly input information into the Pregnancy End Date pop-up:

- Applicant inputs the pregnancy's end date into the field titled **Pregnancy End Date**, which includes the date the child was born
- Applicant clicks "Save"

4.3.8. Additional Screening Questions

Screen Shot Step-by-Step

Additional Screening Questions * REQUIRED FIELD

Long Term Care Coverage

Do any of the members applying for coverage need any of these services?

* Abby Rose

Long-term care services because they are living in a medical facility, such as a nursing home * YES NO

In-home care-giver * YES NO

Assisted Living services * YES NO

Services through the Division of Developmental Disabilities * YES NO

Hospice care * YES NO

A disability determination because of a disabling condition expected to last at least 12 months or result in death * YES NO

Unpaid Medical Expenses

Do any of these members have unpaid medical expenses from the last three months, not including this month? * YES NO

[← Back](#) [Save and Exit](#) [Next](#)

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking “Next.”

On the Additional Screening Questions page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking “Next.”

4.3.9. Household Income

Screen Shot

Household Income * REQUIRED FIELD

This section helps us determine the amount of your households income to determine if you are eligible for free or low cost health coverage including Washington Apple Health.

Please answer the following questions for each household member as accurately as you can. Only enter information about the types of income we ask for. You will have an opportunity to review the income we have calculated at the end of the questions.

Please include income of all individuals age 14 and older.

Household Income

Are you or someone in your household currently employed not including any self-employment? (see question below for self-employment) * YES NO

Are you or someone in your household currently self-employed? * YES NO

Have you or someone in your household received: dividend payments from companies in which you hold stock, shares or ownership, interest payments (both taxable and tax-exempt), capital gains or losses, farm income or losses, or income from partnerships, S corporations, trusts, etc., other than what you reported above for self-employment? * YES NO

Do you or someone in your household receive income from renting a home or royalties that was not included in your self-employment income? * YES NO

Do you or someone in your household expect to receive unemployment income this month? * YES NO

Do you or someone in your household receive social security or railroad retirement benefits? * YES NO

Do you or someone in your household receive an annuity or pension (including military retirement that is not disability related) or IRA distribution income? * YES NO

Do you or someone in your household receive alimony/spousal support, foreign earned income, other claimable gains or losses, or Economic Development funds from tribes (for example, per capita distributions from gaming)? * YES NO

Step-by-Step

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking “Next.”

On the Household Income page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking “Next.”

The applicant should:

- Review his/her income information in detail
- Carefully fill out the Household Income information, taking care to change any information that has changed since the original application was submitted

Deductions

You are being asked additional questions regarding deductions the IRS may allow you. These deductions may lower the amount of your countable income. If you do not want to answer these questions, you may still qualify for free or low cost health insurance through Washington Healthplanfinder.

If you or someone in your household is a student attending a college of higher education, do you pay tuition or other school related fees? * YES NO

Do you or someone in your household contribute monthly to a Health Savings Account? * YES NO

Do you or someone in your household have any of the following expenses: alimony/spousal support, student loan interest, educator expenses, moving costs since January of the current year, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials? For each of these categories, please provide the amount that the IRS would allow you to subtract from total income to calculate your adjusted gross income. * YES NO

[← Back](#)[Save and Exit](#)[Next](#)

4.3.10. Household Income Details

Screen Shot | **Step-by-Step**

Household Income Details * REQUIRED FIELD

On the previous screen, you provided information about the types of income that come from members of your household. Please provide the amount of income for each type and each household member below. You may add additional employment income for a household member by selecting "Add More." If you have incorrectly identified a household member as someone who contributes income, please select "Back" below to change this information on the previous screen.

Employment Income

Charlene Torres

GROSS MONTHLY AMOUNT *

EMPLOYER NAME * EMPLOYER ADDRESS LINE 1 *

EMPLOYER ADDRESS LINE 2 EMPLOYER CITY *

EMPLOYER STATE * ZIP * COUNTY

DOES YOUR EMPLOYER OFFER A HEALTH PLAN THAT MEETS THE MINIMUM VALUE STANDARD? * YES NO

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct. If there are no changes to the application, simply navigate to the next page by clicking "Next."

On the Household Income Details page, applicant should review each element. If there have been changes since the original application was submitted, applicant should make those changes during this renewal process. Again, if there are no changes to the application, simply navigate to the next page by clicking "Next."

The applicant should:

- Review his/her income information in detail
- Carefully fill out the Household Income Details, taking care to change any information that has changed since the original application was submitted

4.3.11. Application Review

Screen Shot	Step-by-Step
-------------	--------------

Application Review

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit option. Selecting the edit option will take you back to that section of the application. Selecting 'Next' from this screen takes you to the signature page so you can submit this application.

Please review the information you have entered before you submit your application.

Primary Account Holder

First Name	Charlene
Middle Initial	
Last Name	Torres
Social Security Number	XXX-XX-1310
Date of Birth	XXXXXXXXXX
Sex	Female
Email	

While navigating the WAH renewal flow, customers and account workers should closely review each and every page in order to make sure the information included is correct.

On the Application Review page, applicant should review each element. If there have been changes since the original application was submitted, click the "Edit" button located at the bottom of the corresponding element. This will navigate to the appropriate page in the application flow where updates can be made. Save any changes and proceed by clicking the "Next" button.

Screen Shot

Step-by-Step

Household Income

Name	Total Monthly Income	Total Monthly Deductions	Total Monthly Net Income
Julie Wells	\$0	\$0	\$0
John Wells	\$0	\$0	\$0
Candy Wells	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0

Edit

Additional Screening Questions

Name	Long Term Care Services	In-home care-giver	Assisted Living Care Services	Division of Developmental Disabilities Services	Hospice Care	Medical Personal Care Services	Unpaid Medical Expenses	Emergency Hospitalization
Julie Wells	No	No	No	No	No	No	No	
John Wells	No	No	No	No	No	No	No	
Candy Wells	No	No	No	No	No	No	No	

Edit

← Back

Next →

If there are no changes necessary, click **Next** at the bottom of the Application Review to continue onto the eSignature page.

4.3.12. Primary Applicant's Signature

Screen Shot **Step-by-Step**

Primary Applicant's Signature * REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law.
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and signing my name below, I am electronically signing my application

In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period of no more than five years. I can change my consent any time through Washington Healthplanfinder.

I have read the [Rights & Responsibilities](#)

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
Charles	Eg. A	Galle

[← Back](#) Submit My Application

NOTE: Before e-signing the application, applicant should review the spelling of the First and Last Names to ensure that they match the name listed on the About You page of the renewal application.

Screen Shot

Step-by-Step

 **KEY FIELDS**
For Customers Enrolled in the Address Confidentiality Program who inputted their ACP Substitute Address on the Primary Applicant Information page:

- On the Primary Applicant's signature page, the pop-up shown on the left will appear prompting the customer to enter the ZIP where they would like to seek coverage.
 - As long as the applicant used the ACP PO Box address in the address field in the beginning of the application this pop up will appear on the "Primary Applicant's Signature" page.
- When a CSR is helping an ACP participant with their HPF application they should ask the customer:

"Please provide/enter the ZIP where you would like to get your medical services."

- After entering the ZIP the County will auto populate
- The applicant can then click **Next** to continue on with the E-sign page.

NOTE: In this situation, the customer **is not** required to enter in the actual zip code where they live because that is confidential. They only need to provide a zip code where they usually have doctor's appointments or where their pharmacy is. For example if the customer wants coverage within Thurston County, they can provide any zip code within that county.

4.3.13. Eligibility Status

Screen Shot **Step-by-Step**

Eligibility Status

You applied for free or low-cost health insurance coverage. Thank you for providing your household information. To see Eligibility Status details per household member click each name below. Clicking "Next" will give you a summary of your household's next steps to finalize your coverage.

1 You have 1 household member(s) with additional action required. Please review for more information.

Charlene Torres APPROVED Household: Primary Applicant Coverage: WAH - Pregnancy Start Date: 03/01/2015 End Date: 06/30/2015	<div style="background-color: #4CAF50; color: white; padding: 5px; display: flex; justify-content: space-between;"> Charlene Torres APPROVED </div> <div style="padding: 10px;"> <p>Washington Apple Health Pregnancy Charlene Torres has been enrolled in Washington Apple Health Pregnancy Coverage. Why this result?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Coverage Start Date</th> <th style="text-align: left;">Coverage End Date</th> <th style="text-align: left;">Renewal Information</th> </tr> </thead> <tbody> <tr> <td>03/01/2015</td> <td>06/30/2015</td> <td>Charlene Torres will need to renew coverage by 06/30/2015. We will contact you with more information when it's time to renew.</td> </tr> </tbody> </table> </div>	Coverage Start Date	Coverage End Date	Renewal Information	03/01/2015	06/30/2015	Charlene Torres will need to renew coverage by 06/30/2015. We will contact you with more information when it's time to renew.
Coverage Start Date	Coverage End Date	Renewal Information					
03/01/2015	06/30/2015	Charlene Torres will need to renew coverage by 06/30/2015. We will contact you with more information when it's time to renew.					
Denver Torres SEPARATE APPLICATION Household: Child Coverage: None Start Date: Not Applicable End Date: Not Applicable View Details							
Carlos Torres APPROVED Household: Child Coverage: WAH - Kids Start Date: 03/01/2015 End Date: 02/29/2016 View Details	<div style="background-color: #4CAF50; color: white; padding: 5px; display: flex; align-items: center;"> ➔ <div> <p>Next Steps for Charlene Torres</p> <p>Starting 03/01/2015, Charlene Torres will be covered by Washington Apple Health Pregnancy Coverage. Washington Apple Health benefit information is provided by the Washington State Health Care Authority. To learn more about what comes next, including health plan options, click here.</p> </div> </div>						
Gerald Torres NOT SEEKING COVERAGE Household: Deceased Spouse Coverage: Not Applicable Start Date: Not Applicable End Date: Not Applicable							

Next

Washington Apple Health Family Coverage:

After e-signing and submitting the WAH renewal application, the applicant will be taken to this page, which will show whether the family has been approved for Washington Apple Health coverage. The first page will show the Washington Apple Health eligibility determination for the primary applicant. Individuals may navigate to see the detailed statuses of other household members by clicking on their names on the left.

Screen Shot

Step-by-Step

Eligibility Status

You applied for free or low-cost health insurance coverage. Thank you for providing your household information. To see Eligibility Status details per household member click each name below. A summary of any tax credit your household is eligible for is available at the bottom of this screen. Clicking "Next" will give you a summary of your household's next steps to finalize your coverage.

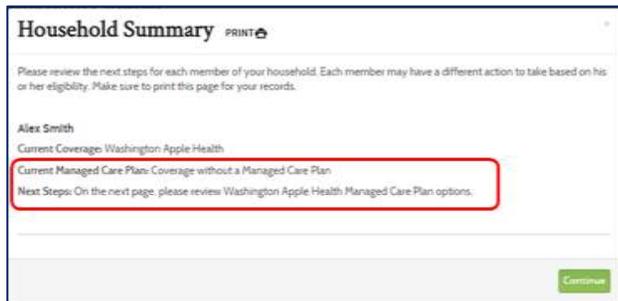
<p>Charlene Torres</p> <p>APPROVED</p> <p>Household: Primary Applicant Coverage: OHP w/ Tax Credits Start Date: 03/01/2015 End Date: 06/30/2015 View Details</p>	<p>Carlos Torres APPROVED</p> <p>Washington Apple Health Kids Carlos Torres has been enrolled in Washington Apple Health for Kids Coverage. Why this result?</p> <table border="1"> <thead> <tr> <th>Coverage Start Date</th> <th>Coverage End Date</th> <th>Renewal Information</th> </tr> </thead> <tbody> <tr> <td>03/01/2015</td> <td>02/29/2016</td> <td>Carlos Torres will need to renew coverage by 02/29/2016. We will contact you with more information when it's time to renew.</td> </tr> </tbody> </table>	Coverage Start Date	Coverage End Date	Renewal Information	03/01/2015	02/29/2016	Carlos Torres will need to renew coverage by 02/29/2016. We will contact you with more information when it's time to renew.
Coverage Start Date	Coverage End Date	Renewal Information					
03/01/2015	02/29/2016	Carlos Torres will need to renew coverage by 02/29/2016. We will contact you with more information when it's time to renew.					
<p>Denver Torres</p> <p>SEPARATE APPLICATION</p> <p>Household: Child Coverage: None Start Date: Not Applicable End Date: Not Applicable View Details</p>							
<p>Carlos Torres</p> <p>APPROVED</p> <p>Household: Child Coverage: WAH - Kids Start Date: 03/01/2015 End Date: 02/29/2016</p>							

WAH for Kids Coverage:

After reviewing the primary applicant's coverage information, individuals may click on the names of others in the household to view eligibility details for each household member.

4.3.14. Household Summary Modal (Post-Eligibility Results Screen)

Screen Shot	Step-by-Step
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Household Summary Pop-up

- After the Primary Applicant clicks next on the Eligibility Status page, the Household Summary pop-up will appear. Depending on information received from HCA’s system, each WAH eligible household member may or may not qualify to select a WAH Managed Care Plan.
- If the household member **does not qualify** to select a WAH Managed Care Plan, they will not be able to proceed to select a plan (as shown in the first screenshot.)
- If the household member **does not qualify to select a WAH Managed Care Plan (MCP) due to an eligibility reason (e.g. Federally Verified Tricare)**, they will not be able to proceed to select a plan (as shown in the second screenshot.)
- If the household member **does qualify** to select a WAH Managed Care Plan, they will click continue on the pop-up and proceed to the WAH Explore Your Options page to review and select a plan (as shown in the third screenshot.)

NOTE: Regardless of whether a household member qualifies for MCP selection, they will still have WAH coverage.

4.3.15. WAH Plan Selection (Non-AI/AN)

Screen Shot

The screenshot displays the 'My Search' interface. On the left, there are search filters for 'JOHN WELLS, 39' and 'JALIE WELLS, 38', including options to search by Health Care Provider or Clinic/Hospital. Below this is the 'Customize My Search' section with checkboxes for 'Amerigroup', 'Light House', and 'UHC'. At the bottom of this section are 'Reset' and 'Update' buttons. The main content area shows '3 Plans Found' with navigation options. Three plan cards are listed:

- Amerigroup Care Plans V2**: Includes logos for Washington Apple Health and Amerigroup RealSolutions. It shows 'Consumer Rating' and 'Star Rating' fields, and a phone number '(324) 324-9924'. A green 'Select' button is at the bottom right.
- Light house care plans**: Includes logos for Washington Apple Health and Lighthouse Insurance. It shows 'Consumer Rating' and 'Star Rating' fields, and a phone number '(901) 839-1273'. A green 'Select' button is at the bottom right.
- United Healthcare Plan**: Includes logos for Washington Apple Health and UnitedHealthcare. It shows 'Consumer Rating' and 'Star Rating' fields, and a phone number '(981) 490-3889'. A green 'Select' button is at the bottom right.

At the bottom of the screen, it says '3 Plans Found' with navigation options and a 'Skip Plan Selection' link.

Step-by-Step

KEY FIELDS

- On this screen, the Primary Applicant can shop for and compare health plans for their household
- “My Search” lets the customer search by **Health Care Provider** and/or **Clinic/Hospital**
- **Customize My Search** Allows the customer to filter by insurance carrier and customize their search.
 - Filter the search by clicking the box next to the option(s) they would like to see.
 - If an applicant changes their mind they can cancel a selection by unchecking the box or by clicking **Reset**.
 - To finalize the filter click **Update** Doing so will refresh the list of managed care plans eliminating all of the insurance carriers the applicant did not select.

NOTE: Provider Directories shown with each plan are subject to change. There is no guarantee that the providers/doctors listed on the plans directory will remain the same once the customer’s coverage begins.

NOTE: The total monthly cost for each plan should be **\$0.00** as no payment is due for a WAH plan.

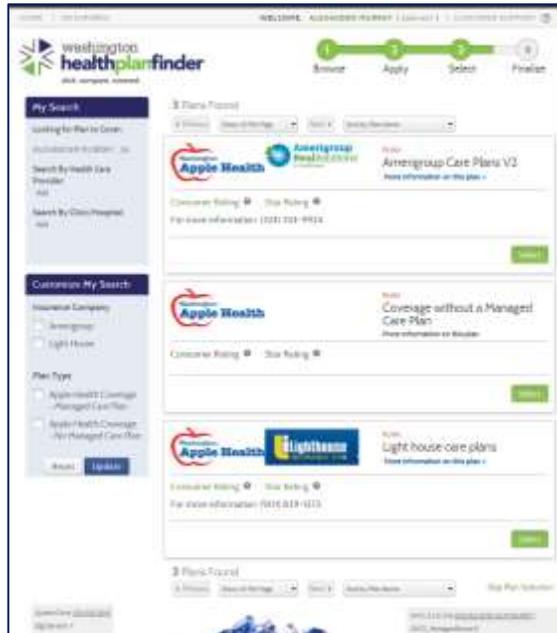
Important Note: If an individual is unsatisfied with the displayed MCP options, they may call HCA.

NOTE: If an applicant is already known to ProviderOne, as in the case of a renewal, they can do their plan selection right up to 9:59.

NOTE: If an individual’s selected plan is **Approved**, the individual will be enrolled by ProviderOne in nightly system processing and no further action is needed.

4.3.16. WAH Plan Selection (AI/AN)

Screen Shot



Step-by-Step

KEY FIELDS

- On this screen, the Primary AI/AN Applicant can shop for and compare health plans for their household
- “My Search” lets the customer search by **Health Care Provider** and/or **Clinic/Hospital**
- “Customize My Search” allows the customer to apply different filters to specify and customize their search.

- Filter the search by clicking the box next to the option(s) they would like to see.

Additionally, AI/AN applicants can filter by “Plan Type”:

- Coverage without a Managed Care Plan: If the applicant chooses “Coverage without a Managed Care Plan” as their selection their individual dashboard will say “Coverage without a Managed Care Plan.” This plan will cover all WAH eligible members in the household.
- Managed Care Plan: The applicant’s selection will cover all WAH eligible members in the household.

NOTE: The total monthly cost for each plan should be \$0.00 as no payment is due for a WAH plan.

NOTE: For mixed households with both WAH and WAH AI/AN, the applicant will first be directed to the WAH EYO page to select a Managed Care Plan and then to the WAH AI/AN EYO page

Important Note: If the individual is unsatisfied with the displayed MCP options, they may call HCA.

Once the applicant decides on a managed care plan they can click **Select** to choose it.

NOTE: If the individual’s selected plan is **Approved**, the individual will be enrolled by ProviderOne in nightly system processing and no further action is needed.

4.3.17. Review All Selections

Screen Shot



Step-by-Step

KEY FIELDS

Once the Primary Applicant has selected the health plan for their household, they will be taken to the Review All Sections screen.

- This summary shows the selected health plan, coverage details and the total monthly cost for each

The applicant can also see start and end dates for the renewed coverage for each household member.

- Clicking **Next** will take the applicant back to their "Individual Dashboard" screen.

4.3.18. Additional Services Available/Transfer My Information to Washington Connection

Screen Shot

Additional Services Available

Additional Washington Apple Health

You indicated that you or a household member is applying for coverage and is age 65 or older, has Medicare or needs Long Term Care (LTC) Services, emergency services, or coverage due to a specified medical condition. Additional information is needed to apply for LTC services, the Medicare Savings Programs or programs based on age or disability. To have the data you have entered so far transferred to the Washington Connection website so you can provide this additional information, please click the Transfer my Information to Washington Connection button below.

Note:
If you do not choose to finish your application today, your data will not be sent to Washington Connection but your request for these additional medical services has been received. We will follow up by mail to collect the missing information we need.

Voter Registration

Are you registered to vote? Please click on the link below to register your vote or to update your voter registration.
[Click here to update your voter registration information](#)

◀ Back Done

Step-by-Step

This screen will appear:

1. If one or more household members on the application are age 65 or older
 - a. If it is a one household member application (Applying for “**Myself**”) then after clicking on Next on About You Page (1.3.5), user will see this “Additional Services Available” screen
 - b. If it is more than one household member application then after clicking on Next Household Information page (1.3.14), user will see this “Additional Services Available” screen
2. If individual has mentioned **Yes** for Additional Screening Questions
 - a. After Household Summary page, user will see “Additional Services Available” Screen. By clicking on the button “Yes, Transfer my information....” Individual will be navigated to Washington Connection Website.

To navigate to Washington Connection, the applicant selects “Yes, transfer my data to Washington Connection.”

Screen Shot

Step-by-Step

Screen Shot

Step-by-Step



This screen will appear after selecting “Yes, transfer my information to Washington Connection.” From this page, the individual can see if he/she qualifies for additional services from the Department of Social and Health Services (DSHS).

Screen Shot

The screenshot shows the Washington Healthplanfinder website interface. At the top, there is a navigation bar with the user's name 'WELCOME, ALEXANDER MURRAY' and a progress indicator with steps: 1. Browse, 2. Apply, 3. Select, 4. Finalize. The main content area is titled '3 Plans Found' and lists three plan options:

- Amerigroup Care Plans V2**: Includes a consumer rating and a star rating. Contact information: (324) 324-9924.
- Coverage without a Managed Care Plan**: Includes a consumer rating and a star rating.
- Light house care plans**: Includes a consumer rating and a star rating. Contact information: (800) 839-1273.

On the left side, there are sections for 'My Search' (showing search criteria for Alexander Murray) and 'Customize My Search' (with filters for insurance company and plan type).

Step-by-Step

 **KEY FIELDS**

- If an applicant does not want to select a managed care plan they can click **Skip Plan Selection** at the bottom right corner of the screen.
- If an AI/AN applicant chooses to skip plan selection they will be taken back to the dashboard. The applicant will be able to see any plan changes the following day.
 - The primary WAH applicant can log back into HPF at any time to select a managed care plan.

NOTE: If there are QHP / HIPTC members in the household the applicant will be taken through the QHP / HIPTC shopping experience before being sent to the dashboard.

NOTE: If an applicant is already known to ProviderOne, as in the case of a renewal, they can do their plan selection right up until 9:59 pm.

4.3.19. Individual Dashboard has been Updated

Screen Shot	Step-by-Step
--------------------	---------------------

Message Center

Notice	Date/Time Received
<p>Eligibility Decision</p> <p>English</p> <p>View More ></p>	<p>11/23/2015, 04:14 PM</p>

[Generate 1095-A Form](#)

[Create Another Application](#)

[View Current Eligibility Results](#)

[Find a Broker](#)

[Find a Navigator](#)

[Report a Change in Income or Household](#)

[Submit A Document](#)

[Create Account](#)

[Verify Id Proofing](#)

My Household Coverage [PRINT](#)

Current Year-2015

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status	Action
Howard Davis	Washington Apple Health	11/01/2015	10/31/2016	10/31/2016	Enrolled	

When the applicant returns to his/her Account Home page, he/she will no longer see the “Update My Application and Renew Coverage,” link in the Quick Links section.

In addition, the applicant will see message(s) that confirm their household’s new eligibility decision(s). Notices will show until the next day.

On the bottom of the screen, the applicant will see the updated coverage that will reflect the Washington Apple Health coverage they have just renewed or the Managed Care Plan they just enrolled into.

If the applicant selects one of the Washington Apple Health links, next to a covered individual, at the bottom of the screen they will get an expanded view of that individual’s coverage information.

Screen Shot

Step-by-Step

Washington Apple Health Details

Eligibility Status

Individual Covered	Coverage	Coverage Start Date	Coverage End Date	Eligibility Status
Julie Wells	Washington Apple Health Family Coverage	02/01/2016	01/31/2017	Approved

Managed Care Enrollment Status

← Back

OK

Washington Apple Health Details

Eligibility Status

Individual Covered	Coverage	Coverage Start Date	Coverage End Date	Eligibility Status
Candy Wells	Washington Apple Health for Kids Coverage	02/01/2016	01/31/2017	Approved

Managed Care Enrollment Status

← Back

OK

Screen Shot

Step-by-Step

Washington Apple Health Details

Eligibility Status

Individual Covered	Coverage	Coverage Start Date	Coverage End Date	Eligibility Status
John Wells	Washington Apple Health Adult Coverage	02/01/2016	01/31/2017	Approved

Managed Care Enrollment Status

◀ Back OK

4.3.20. Change Reporting Correspondences

Screen Shot

The screenshot displays the 'Message Center' interface. It features a table of notices and a 'Quick Links' sidebar. The table has two columns: 'Notice' and 'Date/Time Received'. The notices listed are 'Updated Eligibility Decision', 'Upcoming Enrollment Deadline', and 'Eligibility Decision', all dated 06/20/2017, 01:00 AM. Each notice has a 'Details' button. The 'Quick Links' sidebar includes options like 'Submit A Document', 'Create Another Application', 'View Current Eligibility Results', 'Find a Broker', 'Find a Navigator', 'Report a Change in Income or Household' (highlighted with a red box), 'Change Account Settings', 'Verify Id Pooling', 'Add/Remove Sponsor', and 'Update Email Address'. A 'View More >' link is also present at the bottom of the notice list.

Notice	Date/Time Received
Updated Eligibility Decision Details	06/20/2017, 01:00 AM
Upcoming Enrollment Deadline Details	06/20/2017, 01:00 AM
Eligibility Decision Details	06/20/2017, 01:00 AM

View More >

Quick Links

- Submit A Document
- Create Another Application
- View Current Eligibility Results
- Find a Broker
- Find a Navigator
- Report a Change in Income or Household**
- Change Account Settings
- Verify Id Pooling
- Add/Remove Sponsor
- Update Email Address

Key Fields



- After a customer is enrolled in health coverage through Washington Healthplanfinder, there are certain situations or life events (such as a change in income, marriage, or birth of a child) that require the customer to report a change through the system
- Users can report changes even if they have closed or denied eligibility from existing applications and are not required to restart a new application
- To report a change, customers will go to the **Account Home** tab, select the link to “Create Another Application” or “**Report a Change in Income or Household**”, and go through the change reporting process

Screen Shot

Message Center

Notice	Date/Time Received
Updated Eligibility Decision Expand	06/20/2017, 01:00 AM
Upcoming Enrollment Deadline Expand	06/20/2017, 01:00 AM
Eligibility Decision Expand	06/20/2017, 01:00 AM

[View More >](#)

Quick Links

- Submit A Document
- Create Another Application
- View Current Eligibility Results
- Find a Broker
- Find a Navigator
- Report a Change in Income or Household
- Change Account Settings
- Verify Id Proofing
- Add/Remove Sponsor
- Update Email Address

Key Fields

 **KEY FIELDS**

- Once the change reporting process is completed, the individual will be able to see all updates in the **Message Center** of the **Account Home** page at the end of the day
- All changes made regarding **contact information update** and **updated eligibility** will be listed in the Message Center
- Changes / updates will be listed in the order in which they were reported
- **NOTE:** Changes that are made **on the same day** that require **additional verification** will only be listed once in the Message Center
 - The latest notification will include all unverified items by the end of the day

Screen Shot

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



<< Date >>

<< Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

Subject – Contact Information Update

Dear << Individual Name >>:

As requested, your contact information has been updated. Please see below for the requested changes:

< Individual Email Address >
< Individual Phone Number >
< Individual Address >

How to Contact Washington Healthplanfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>;
- By email at <HBEEMAIL>
- By calling <HBEPHONE> and <HBETTY>;
- By Fax <HBEFAX>

Key Fields

 **KEY FIELDS**

- Individuals will also receive a correspondence via mail or email (whichever preference was indicated) regarding the changes that have been made on the account
- For multiple changes made in one day, notifications will be suppressed and sent **once** at the end of the day
- In this situation, individuals will only receive a notification regarding the **latest** change made on the account
 - However, **all** changes can be viewed on the **Account Home** page **Message Center**
 - For example, if a customer reports a change to his / her phone number and then returns to HPF on the same day to report a change in address, the only correspondence that is sent to the customer will list the updated phone number and address. To view all updates to contact information, the customer may navigate to his / her **Account Home** screen.

4.4. Pregnancy and Eligibility

4.4.1. Pregnancy Ending and WAH Eligibility

Pregnancy Ending Can Change WAH Eligibility

If an applicant was pregnant and otherwise eligible for WAH, she was able to enroll in Washington Apple Health coverage. When that pregnancy ends, she is covered by pregnancy medical for 2 months after the pregnancy ended. It is important to note that, when that pregnancy ends, her eligibility determination will change and she may no longer be eligible for WAH coverage. When renewing her coverage, she may instead become eligible for Health Insurance Premium Tax Credits or family planning coverage only.

Newborn Medical

If a child's mother is determined to be eligible for WAH on the day of the child's delivery, her child is eligible for WAH Categorically Needy coverage (sometimes known as Newborn Medical) for 1 year, as long as her newborn child is a resident of Washington State. After that time, the child must qualify for WAH to receive benefits. *It is important for the newborn to get its own client ID number as soon as possible after the day of delivery to ensure there are no coverage problems.*

Undocumented Immigrant Eligibility for WAH

If a child's mother is an undocumented immigrant, she will only be eligible for WAH coverage for 2 months after the pregnancy ends. After that point, she will no longer be eligible for WAH coverage unless she has a qualifying medical emergency. However, if her child is deemed eligible, he/she will be able to receive Washington Apple Health coverage.

4.5. 19-Year-Old Washington Apple Health Coverage

4.5.1. How to process an application for an individual who turned 19 in the past year

If the customer has a member of their household who has turned 19 years old since the original application was submitted, he/she will need to be listed as "Not seeking coverage" and, additionally, will need to submit his/her own application.

Before the 19-year-old can submit his/her application, the Primary Applicant must log into the system and make important changes to his/her application, particularly in the "Household Members or Tax Dependents" section of the application. Once these changes are made, the 19-year-old may begin a new application to determine his/her WAH eligibility.

It is also important to note that if a Primary Applicant still wants to act on behalf of a 19-year-old applicant, that is possible. In order to continue to act on behalf of a child or other 19-year-old individual, a Primary Applicant must be listed as an Authorized Representative on that individual's application.

Screen Shot

Step-by-Step

Do you have other household members or tax dependents?
 Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Charlene Torres	Edit	Remove
Charlene Torres	Female	XXX-XX-1310	██████	Yes	N/A	✎	
Gerald Torres	Male	XXX-XX-1342	██████	No	Yes	✎	⊖
Denver Torres	Male	XXX-XX-1328	██████	Yes	Yes	✎	⊖
Carlos Torres	Male	XXX-XX-1326	██████	Yes	Yes	✎	⊖

Buttons: Add Member, Back, Save and Exit, Next

1 STEP

In order to remove the 19 year old from the Primary Applicants application navigate to the “Household Members or Tax Dependents” screen, the Primary Applicant and change the 19-year-old’s information to reflect that he/she is not applying for coverage as a part of the Primary Applicant’s household:

- Applying for Coverage? **No**.
- Living in the Same Household as Primary Applicant? **Yes**

Authorized Representative

I have an authorized representative

FIRST NAME * LAST NAME *

ADDRESS LINE 1 * ADDRESS LINE 2 *

CITY * STATE * ZIP *

EMAIL *

I want my authorized representative to receive duplicate copies of notifications?

Buttons: Back, Submit Partial Application, Save and Exit, Next

2 STEP

The 19-year-old will then begin to fill out his/her own, separate application.

3 STEP

If the applicant wishes to grant access to his/her account to the former Primary Applicant, applicant should use the following steps:

- On the About You page, navigate to the “I have an authorized representative” box
- Check the box to note that he/she does have an authorized representative

Screen Shot

Step-by-Step

- Fill out the information for the former Primary Applicant's information
- Click "Next" to continue

Upon clicking **Next**, the former Primary Applicant can continue with the 19-year-old's application, should he/she desire. Until this stage, the 19-year-old must be present for the application process (on the phone or otherwise).

Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Charlene Torres	Edit	Remove
Charlene Torres	Female	XXX-XX-1310	██████	Yes	N/A	✎	
Gerald Torres	Male	XXX-XX-1342	██████	No	Yes	✎	⊖
Denver Torres	Male	XXX-XX-1328	██████	Yes	Yes	✎	⊖
Carlos Torres	Male	XXX-XX-1326	██████	Yes	Yes	✎	⊖

Add Member

← Back Save and Exit Next

4 STEP

On the "Household Members or Tax Dependents" screen, the 19-year-old applicant must add his/her household members (i.e. his/her former Primary Applicant's) information. In addition, the 19-year-old applicant must reflect that the former Primary Applicant is not applying for coverage as a part of the 19-year-old applicant's household:

- Applying for Coverage? **No**
- Living in the Same Household as Primary Applicant? **Yes**

4.6. Expedited Renewal Flow

Screen Shot

The screenshot shows the Washington Healthplanfinder user interface. At the top, there is a navigation bar with links for HOME, WASHINGTON, WELCOME, WINE BROOK (VIAVAU), and CUSTOMER SUPPORT. Below this is the Washington Healthplanfinder logo and a yellow notice box titled "Notice: Health Plan Renewal" stating, "You are currently in a renewal period. You must take action by November 30, 2017." Below the notice is a navigation menu with tabs for Account Home, Payments, My Household, Document Center, and My Profile. The main content area is titled "Message Center" and contains a table of messages:

Notice	Date/Time Received	Quick Links
Eligibility Results	11/01/2017, 12:42 PM	Create Another Application
Eligibility Results	11/01/2017, 12:42 PM	View Current Eligibility Results
Electronic Notification Confirmation	11/01/2017, 12:29 PM	Update My Application and Renew Coverage
		Manage My Enrollee
		Find a Navigator
		Report a Change in Income or Household
		Submit a Document
		Verify ID Proofing

Below the message center is a section titled "Your Household Coverage Summary" with a "Show Plans" button. It states, "You will be able to select or change your plans by clicking 'Show Plans'". Under "Current Year - 2017", it lists "Health Coverage" and notes that "Washington Apple Health (except after Emergency Medical) includes dental coverage". A table follows with columns for Name, Plan Name, Start Date, End Date, Renewal Date, Status, and Action:

Name	Plan Name	Start Date	End Date	Renewal Date	Status	Action
Rocco Lowe	Washington Apple Health	12/01/2016	11/30/2017	11/30/2017	Enrolled	Show Plans
Miaelle Lowe	Washington Apple Health	12/01/2016	11/30/2017	11/30/2017	Enrolled	Show Plans

Step-by-Step

Expedited Renewal Flow

Call Center/Exchange account workers and privileged users have access to an expedited renewal flow for Apple Health and Qualified health plan renewals.

The expedited renewal flow allows users to complete a customer's renewal without going through entire application page flow.

Expedited renewal flow requires user to:

- Complete ID proofing (if prompted to)
- Complete Voter Registration needs
- Complete Income and Deduction Pages
- Attest to Washington Healthplanfinder Privacy Policy
- eSign application on behalf of customer

If a customer has changes to report beyond income and deductions then the full renewal flow will be invoked.

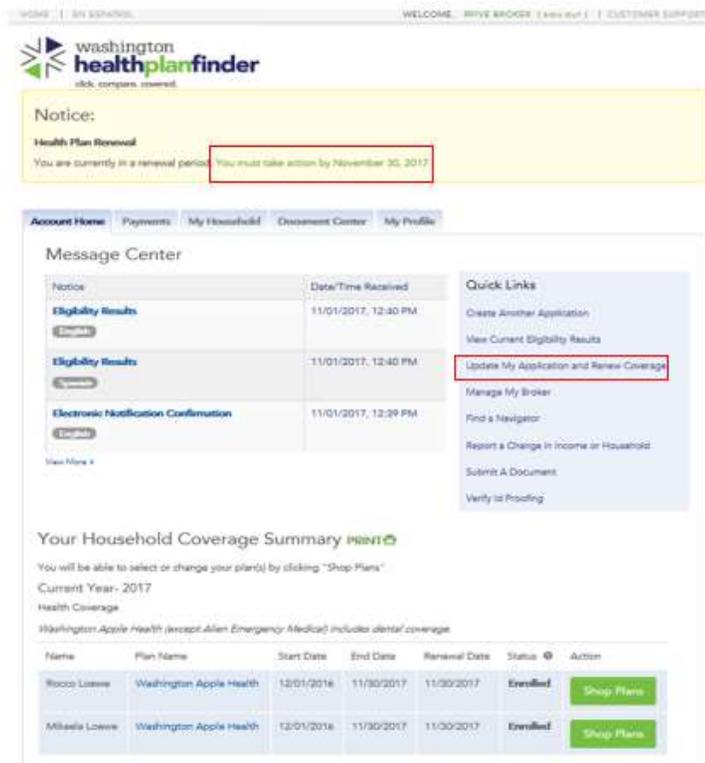
The Expedited Renewal Flow follows the below path:

1. Select **Update and Renew Coverage**
2. Routed to **Application Review Screen** – review with customer with the exception of **Income & Deductions**
 - a. If a change is required on any field (household, tax filing status, etc.) user selects **Edit** and goes through the full renewal flow

Screen Shot

Step-by-Step

- b. User attests up front to **Washington Healthplanfinder Privacy Policy**
- c. Must ask and answer **Voter Registration**
- 3. Routed to **Income & Deductions** for review
- 4. Routed to **Application Review Screen**
- 5. eSign
- 6. Eligibility Results



Expedited Renewal Flow – Scenario 1

Customer calls and is up for renewal. They are currently enrolled in Apple Health and only needs to update their income

User* selects **Update My Application and Renew** from **Quick Links**

User can also select **link** in notice to access renewal for customer – *the Yellow Notice will only display for Apple Health enrollees*

***For purposes of the scenario we will use the word “User” for account workers and privileged users**

Screen Shot

Step-by-Step

Expedited Renewal Flow – Scenario 1

Once **Update My Application and Renew Coverage** is selected user is taken to the **Application Review** screen

Review all sections of this page and verify household information is current (address, household members, tax filing, additional questions, voter registration)

Since this customer has stated they only need to update income, after reviewing screen and completing required questions, select **next** at the bottom of the review page

Application Review *REQUIRED FIELD

Please review the information that we currently have for your household. You may make changes to any area where there is an edit option. Selecting the edit option will take you back to that section to make updates. Selecting "Next" from this screen takes you to the signature page so you can submit this renewal.

Please review the information you have entered before you submit your application.

ID Proofing ?

APPLICATION ID: 263844

Primary Account Holder

Application Type: Applying for tax credits, cost sharing reductions or Washington Apple Health

First Name: Rocce
 Middle Initial:
 Last Name: Loewe
 Social Security Number: XXXXX-1542
 SOCIAL SECURITY EXCLUSION:
 Date of Birth: 12/19/1983
 Sex: Male
 Email:

Yes, I have read the Washington Healthplanfinder

Name	Term Care Services	Home care-giver	Living Care Services	Developmental Disabilities Services	Hospice Care	Personal Care Services	Unpaid Medical Expenses	Emergency Hospitalization
Rocce	No	No	No	No	No	No	No	N/A
Loewe	No	No	No	No	No	No	No	N/A

Primary Contact Information

Name Address
 Address Line 1
 Address Line 2

Voter Registration *What is this?*

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

YES
 NO

Back Next

Screen Shot

Step-by-Step

Expedited Renewal Flow – Scenario 1

User will be taken to the **Household Income** page first

Review all income and deductions the household has and update as appropriate

If existing earnings need to be updated or added perform appropriate actions to prompt input of that income

Once all questions are reviewed select **Next**

HOME | EN ESPAÑOL WELCOME, BRUCE BROKER (AAA) | CUSTOMER SUPPORT

washington healthplanfinder click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

Household Income * REQUIRED FIELD

Please review the information that we currently have for your household. You may make changes to any area where there is an edit option. Selecting the edit option will take you back to that section to make updates. Selecting "Next" from this screen takes you to the signature page so you can submit this renewal.

Please review the information you have entered before you submit your application.

In this section, answer the following questions for all household members as accurately as you can. Only enter information about the types of income listed.

Report income of minors and tax dependents regardless of age unless the minor or tax dependent will not be required to.

You will have the opportunity to edit this information before submitting your application.

Household I

Are you or anyone else self-employed?

- Wages
- Self-employment
- Municipal, city, or state employee
- Military pay

Are you or anyone else receiving any of the following?

- Divorce or alimony
- Social Security
- Disability
- Annuity
- Pension
- IRA or 401(k)
- Other

Do you or someone in your household receive alimony/spousal support, foreign earned income, other claimable gains or losses, or Economic Development funds from tribes (for example, per capita distributions from gaming)? * YES NO

Deductions

You are being asked additional questions regarding deductions the IRS may allow you. These deductions may lower the amount of your countable income. If you do not want to answer these questions, you may still qualify for free or low cost health insurance through Washington Healthplanfinder.

If you or someone in your household is a student attending a college of higher education, do you pay tuition or other school related fees? * YES NO

Do you or someone in your household contribute monthly to a Health Savings Account? * YES NO

Do you or someone in your household have any of the following expenses: alimony/spousal support, student loan interest, educator expenses, moving costs since January of the current year, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-based government officials? For each of these categories, please provide the amount that the IRS would allow you to subtract from total income to calculate your adjusted gross income. * YES NO

Screen Shot

Step-by-Step

HOME | EN ESPAÑOL WELCOME, MIKE BAKER | Step 2 | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered

1 Browse 2 Apply 3 Select 4 Finalize

Household Income Details *REQUIRED FIELD

On the previous screen, you provided information about the types of income that come from members of your household. Please provide the amount of income for each type and each household member below. You may add additional employment income for a household member by selecting "Add More." If you have incorrectly identified a household member as someone who contributes income, please select "Back" below to change this information on the previous screen.

Employment Income

Rocco Loewe

GROSS MONTHLY AMOUNT *	
<input type="text" value="\$ 2,500.00"/>	
EMPLOYER NAME *	EMPLOYER ADDRESS LINE 1 *
<input type="text" value="Generic Company"/>	<input type="text" value="1234 Main Street"/>
EMPLOYER ADDRESS LINE 2	EMPLOYER CITY *
<input type="text" value="Address Line 2"/>	<input type="text" value="Auburn"/>
EMPLOYER STATE *	ZIP *
<input type="text" value="Washington"/>	<input type="text" value="98002"/>
DID YOUR EMPLOYER GIVE YOU A CHANCE TO SIGN UP FOR HEALTH INSURANCE THAT MEETS THE MINIMUM VALUE STANDARDS OF THE AFFORDABLE CARE ACT? *	
<input type="radio"/> YES <input checked="" type="radio"/> NO	
<small>(Note: Your answer to this question will only be used to check your eligibility for Health Insurance Premium Tax Credits.)</small>	

Add More

Expedited Renewal Flow – Scenario 1

User is taken to the **Household Income Details**, this is where any details related to customer income & deductions can be reviewed and updated

Once updated review the screen and select **Next**

Screen Shot

Step-by-Step

Expedited Renewal Flow – Scenario 1

User is taken back to the **Application Review** page

Please review and take note that the Privacy Policy check box and Voter Registration will retain the selection from earlier

User selects green **Next** to move forward with renewal

User will then electronically sign on behalf of the customer and select **Submit My Application** for updated eligibility results

Application Review

Application ID: 263844

Primary Account Holder

Application Type: Applying for new credits, need sharing indications on Washington Apple Health

First Name: Bruce
Middle Initial: [blank]
Last Name: Lohme
Social Security Number: 000-000-1540
NATIONAL HEALTHCARE COVERAGE
Date of Birth: 12/19/1981
Sex: Male

Yes, I have read the Washington Healthplanfinder Privacy Policy

Term	Home Care	Living Care	Developmental Disabilities	Hospice Care	Personal Care	Unpaid Medical Expenses	Emergency Hospitalization
Name	Service	grat	Services	Services	Services	Services	Services
Yes	No	No	No	No	No	No	N/A
Missed	No	No	No	No	No	No	N/A
Missed	No	No	No	No	No	No	N/A

Primary Contact Information

Show Address

Address Line 1: [blank]
Address Line 2: [blank]

Voter Registration What is this?

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

YES
 NO

Primary Applicant's Signature

As Bruce Lohme (Below), I have reviewed the eSignature forms with them.

They have agreed that I have their permission to submit this application electronically. They understand that by my signing of their application electronically, they hereby acknowledge and certify that their answers are correct and complete to the best of their knowledge.

The signer certifies that:

- I have understood the questions and statements within this application.
- I have understood the limitations for giving false information or violating the rules.
- I have understood that the Washington Healthplanfinder may conduct other verifications or investigations on my behalf.
- I have understood that an electronic signature has the same legal effect and can be obtained in the same way as a written signature.

By signing this form and typing my client's name below, I confirm that I am the applicant's broker and I am e-signing on his/her behalf. *

I authorize Washington Healthplanfinder to electronically verify my tax return information during the annual renewal process for up to 3 years. I understand that I am able to change my consent at any time. By checking this box, I permit WA e-Sign to be applied to my annual renewal without my taking further action.

WAeS has read the Signer's Authorization *

Please enter the primary applicant's name below:

FIRST NAME: [blank] MIDDLE INITIAL: [blank] LAST NAME: [blank]

Screen Shot

Step-by-Step

Expedited Renewal Flow – Scenario 1

Once renewal is signed, customer is provided updated **Eligibility Status** page

If further action is needed it will be outlined on this page

Current eligibility and program will display along with the next years eligibility

If customer is eligible for a new program, then you may need to proceed into Qualified health plan/dental shopping

Select **Next** to move forward with final steps to complete customers renewal

Expedited Renewal Takeaways

- Users (account workers and privileged users) have access to an expedited Apple Health and Qualified health plan renewal flow
- Expedited flow will put user into **Application Review** screen
- Users should review all sections on **Application Review** to verify customer household, address, tax filing, additional question answers, citizenship, etc. are still current
- Once **Next** is selected from Expedited flow user will **always** go through **Income and Deductions** screens
- If **Edit** is selected **ANY TIME** during the expedited flow – users will be put into the normal renewal flow where **all screens** will be reviewed and clicked through eSignature

4.7. Federal Poverty Levels and Eligibility

4.7.1. Federal Poverty Level Changes and Eligibility

Federal Poverty Levels (FPLs) are percentages that are calculated every year. It is important to note that, because FPLs change, an individual who was previously eligible for Apple Health, based on last year's FPL levels, may have different eligibility determinations in the current year based on the most recent FPLs. That family could have the same income but, based on the new FPLs, their income could put them into a new percentage range, thus changing the parents' eligibility to a Qualified health plan with tax credits.

Families under certain circumstances may qualify for Apple Health – Health Care Extension. See Section 4.8 for more information.

Generally, the federal poverty level (FPL) income standards are issued each year in late January by United States Department of Health and Human Services. Per state regulation, the income standards for Apple Health programs change over on the first day of April every year based on the new FPL. It's important to note that eligibility for Medicaid and the Children's Health Insurance Program is currently determined by the current year guidelines.

Each year, eligibility for financial assistance to help cover the cost of insurance premiums for Qualified health plans offered through *Washington Healthplanfinder* will be based on the most recently published Federal Poverty Level (FPL) at the beginning of open enrollment period for the coverage year.

4.8. Washington Apple Health – Health Care Extension

Washington Apple Health – Health Care Extension offers recipients of Apple Health family coverage a 12 month extension of coverage under certain circumstances.. Specifically, Apple Health families who: (1) report a change in income above the allowable Apple Health limit and (2) have a child **under** the age of 19 are eligible for extended Apple Health coverage, and (3) have received Apple Health Family coverage for 3 of the past 6 months. **This can be reported through the Apple Health manual renewal process or through change reporting.**

Individuals would indicate a change in income above the allowable Apple Health limit and eligibility would be re-determined to show that family is no longer eligible for Apple Health. **Individuals must meet all of the following criteria to qualify:**

- Family must have been previously covered by Apple Health Family coverage and have earned income
- Be enrolled in Apple Health for at least 3 of the past 6 months
- Determined ineligible for Apple Health due to increased income
- Must have a dependent child **under** 19 years old

If determined eligible, the individual will automatically be enrolled in **Washington Apple Health – Health Care Extension** for 12 months. The individual must go through the normal process of renewal after coverage ends.

Screen Shot

Step-by-Step

Eligibility Status

You applied for free or low-cost health insurance coverage. Thank you for providing your household information. To see Eligibility Status details per household member click each name below. Clicking "Next" will give you a summary of your household's next steps to finalize your coverage.

Victoria Harper APPROVED

Washington Apple Health - Health Care Extension
 Victoria Harper is approved for Washington Apple Health - Health Care Extension.

This coverage is only available to adults who:

1. Are not eligible for Washington Apple Health Family coverage due to increased earnings, and
2. Were enrolled in Washington Apple Health Family coverage for three out of the last six months.

Washington Apple Health - Health Care Extension is approved for a maximum of 12 months and has no premiums or deductibles. [Why this result?](#)

Coverage Start Date	Coverage End Date	Renewal Information
11/01/2015	10/31/2016	Victoria Harper will need to renew coverage by 10/31/2016. We will contact you with more information when it's time to renew.

Next Steps for Victoria Harper
 Your eligibility did not change as a result of the information you reported. You do not have any next steps at this time.

[Next](#)

Washington Apple Health – Health Care Extension

Individuals enrolled in Apple Health Family coverage would go through the standard Apple Health manual renewal process by selecting the **Update My Application and Renew Coverage** link

After completing the application review and e-signature pages, the individual will see their eligibility results. If the individual meets the criteria for **Washington Apple Health – Health Care Extension**, they are automatically enrolled for 12 months.

Application note – a customer may also report a change in income that may prompt an eligibility change and the system would determine whether they qualify for **Washington Apple Health – Health Care Extension**.

5. Document Verification

Who has access to this chapter?



- Exchange Operations
- Customer Support Center Representative
- Broker
- Navigator
- Health Care Authority Community Partner
- Health Care Authority Eligibility Worker
- Tribal Assister
- Certified Application Counselor

Chapter Contents



- 5.1 Overview
- 5.2 Conditional eligibility
- 5.3 Document submission

5.1. Overview

5.1.1. What customer information is verified in *Washington Healthplanfinder*?

When a customer completes an application on *Washington Healthplanfinder*, the Health Benefit Exchange is required by federal law to verify the following information for the Primary Applicant and all additional household members on an application who are seeking coverage.

For customers applying for Qualified health and dental plans only:

- Identity (only for the Primary Applicant)
- Social Security Number
- Citizenship
- Lawful Presence (if indicated as a lawfully present immigrant/nonimmigrant)
- Incarceration
- Medicare



For customers applying for Tax Credits and/or Washington Apple Health (Medicaid):

- Identity (only for the Primary Applicant)
- Social Security Number
- Citizenship
- Lawful Presence (if indicated as a lawfully present immigrant/nonimmigrant)
- Incarceration*
- Income
- Non-employer sponsored Minimum Essential Coverage*

For any customer who indicates they are a member of a Tribe:

- Tribal Membership*



NOTE: Washington Apple Health Applicants are electronically verified in *Washington Healthplanfinder*; however, all manual verifications are conducted by the Health Care Authority.

* Although the Federal Hub will provide verification data on incarceration, non-employer sponsored Minimum Essential Coverage, and Tribal membership status, the Health Care Authority may not use or consider this data to determine eligibility for Apple Health.

5.1.2. How is customer information verified?

Electronic Verifications:

When customers enter the above information throughout their application (e.g., SSN, incarceration status), *Washington Healthplanfinder* will first attempt to verify that information electronically **through checking what the customer entered against federal and state sources**

Tribal Membership is the only information that cannot be verified electronically. It must be manually verified by a Tribal Assister, Exchange Tribal Liaison, or an Account Worker. *[Currently, Account Workers are not to perform this type of verification unless a directive is given]*

Manual Verifications:

Only when information cannot be verified electronically are manual verifications required. This may occur for three reasons:

- **The customer's self-attested information does not match federal sources (The Federal Data Services Hub)**
- **The Federal Hub does not have enough information on that person**
- **There was a technical error when *Washington Healthplanfinder* tried to pull that person's information from the Federal Hub**

An Account Worker will need to review documentation provided by a customer to prove their self-attested information is valid. The Account Worker would then update the verification status for the customer in *Washington Healthplanfinder*.

5.1.3. Where is information verified electronically throughout the application?

5.1.3.1. Qualified health and dental plan only

The following information will be verified electronically:

- Identity (Primary Applicant only)
- Social Security Number
- Citizenship
- Lawful Presence (if indicated as a lawfully present immigrant/nonimmigrant)
- Incarceration

Information will be verified at various parts throughout the application, as shown below

Part of Application

Information Being Verified

1 STEP

The screenshot shows the 'Primary Applicant's Information' form. At the top, there is a progress bar with four steps: 1. Browse, 2. Apply, 3. Select, and 4. Finalize. The form is titled 'Primary Applicant's Information' and includes an 'APPLICATION ID: 30000740'. It has two main sections: 'What is your home address?' and 'What is your mailing address?'. Each section has a checkbox for 'I don't have a home address' or 'I don't have a mailing address'. Below each section are fields for 'ADDRESS LINE 1', 'ADDRESS LINE 2', 'CITY', 'STATE', 'ZIP', and 'COUNTY'. A blue arrow points from the form to a blue box labeled 'ID Proofing'.

Identity Verification – Part A:

- The Primary Applicant will complete the **About You** screen and then the **“Primary Applicant’s Information”** screen
- After the **Primary Applicant’s Information** screen, an **identity proofing service (ID proofing)** will be called in the backend by the system
- The ID proofing service will check the information entered by the Primary Applicant to **determine if that person exists/is a real person**
 - **If the ID proofing service verifies identity**, the customer will continue to the **Confirm Your Identity** screen
 - **If the ID proofing service is unable to verify identity**, the customer will receive a pop-up on their screen, indicating they must contact the Customer Support Center. (The customer will not be able to move forward in the application until identity can be manually verified by a Customer Support Center worker.)

Identity Proofing Error if Identity Cannot Be Verified:

The screenshot shows an error message titled 'Contact Customer Service'. The message text reads: 'Due to ID Proofing Connection / Validation: HBE_JWT_EBH0003. We are Unable to Process your application. Please call customer service at 1-855-WAFINDER (1-855-923-4633) between the hours of 7:30AM and 8PM for help completing your application.' There is a green 'OK' button at the bottom right of the message box.

SSN, Citizenship, Incarceration Check – Part A (Households of 1):

- If the Primary Applicant is only applying for themselves, a call to the **Federal Hub** will be made after the **Primary Applicant’s Information** screen. The Federal Hub will verify the Primary Applicant’s **SSN, citizenship, and incarceration status**
- If the Primary Applicant is applying for themselves and others, the call to the Federal Hub will be made in a later part of this application once the other household members are added

Part of Application

Information Being Verified

Confirm Your Identity

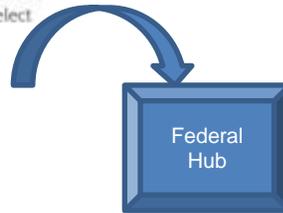
Before we move forward, please answer the following questions so that we may verify your identity. If you are unable to answer these questions it will not prevent you from proceeding with the application. However, we may not be able to access information from our automated data sources to expedite your application.

You may have opened an auto loan or auto lease in or around October 2012. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- \$395 - \$494
- \$495 - \$594
- \$595 - \$694
- \$695 - \$794
- None of the above/does not apply

Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'.

- 2
- 3
- 4
- 5
- None of the above



2 STEP

Identity Verification – Part B

- If the Experian/ID proofing service is successfully called and information about the primary applicant was found then the primary applicant will be asked a series of questions – **Confirm Your Identity**
- The customer will answer the questions and those responses will then be sent to **the Federal Data Hub services** to be verified
- **If the “Confirm Identity” screen is verified by the Federal Hub:** The customer will proceed with the remainder of the application
- **If the “Confirm Identity” screen is NOT verified by the Federal Hub:** The customer will receive a pop-up to call the Customer Support Center and will not be able to move forward without manual verification by a Customer Support Center Representative. The customer could also receive this error because they do not have a credit history and therefore the Experian Data services could not run their information.

Confirm Identity Error Pop-up:



Application notes – this call to the Federal Hub/Experian is to check if the individual is identified as who they say they are. This is to determine if they are a real person according to electronic sources.

Part of Application

Information Being Verified

Do you have other household members or tax dependents?

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Jane July	Edit	Remove
Jane July	Female		03/21/1990	Yes	N/A	✓	
Mia July	Male		02/15/1990	Yes	Yes	✓	✖

Buttons: See Household, Back, Finish Later, Next

3 STEP

SSN, Citizenship, Incarceration Check – Part A (Households of >1):

- The Primary Applicant will add additional household members on the **Do you have other household members or tax dependents?** screen

Once the **Next** button is selected, the Federal Hub will again be called to verify each person on the application. SSN, citizenship, and incarceration status will be checked for each household member.



4 STEP

Additional Questions

The information below is needed to determine eligibility for those applying for coverage. Please respond to the questions below for the members of your application who are applying for coverage.

** Jane July
** Mike July

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? *

YES NO

Are any of the members listed above currently incarcerated? *

YES NO

Have any of the members listed above regularly used tobacco products in the last 6 months? *

YES NO

Are all the members listed above residents of the state of Washington? *

YES NO

Are any of the members listed above currently enrolled in Medicare? *

YES NO

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? *

YES
 NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filing out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, 1-800-442-4881. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Election Division, PO Box 40229, Olympia, WA 98544, email elector@dcwa.wa.gov, or call 1-800-442-4881.

Back

Finish Later

Next

SSN, Citizenship, Lawful Presence, Incarceration Check – Part B:

- The primary applicant will self-attest to the **Additional Questions** screen on citizenship, lawful presence, and incarceration status for all household members
- There are additional questions on this screen (*asking if there is an adult disabled dependent member in the household*) which appears only if there is a child above the age of 26 in the household
- An individual's response to the "Tobacco Use" and "Adult Disabled Dependent" questions does not affect their eligibility for Apple Health coverage

Part of Application

Information Being Verified



Is any member on this application an American Indian or an Alaskan Native? No

Name	Alaskan Native ?	Affiliated to a Tribe?	Name of the Tribe or Alaskan Native Corporation	Descendent of a Federally Recognized Tribe or Alaskan Native corporation shareholder ?	Name of the Tribe	Eligible for Indian Health Services ?
Jane Jolly	No	N/A	N/A	N/A	N/A	N/A
Mike Jolly	No	N/A	N/A	N/A	N/A	N/A

Are any of the members listed below currently incarcerated? No

Name	Currently Incarcerated?	Pending disposition of charges
Jane Jolly	No	No
Mike Jolly	No	No

Have any of the members listed below regularly used tobacco products in the last 6 months? No

Name	Used Tobacco?
Jane Jolly	No
Mike Jolly	No

Electronic Verification Results:

- The primary applicant will be notified on the **Application Review** screen if any information in their application could not be verified
- These areas will be highlighted **red** and are unable to verify
 - The Federal Hub data on that item did not match what the customer self-attested, the Federal Hub did not have enough information on the person or there was a technical error while trying to verify
 - In this example:
 - The customer indicated no members of the household are incarcerated
 - The row is highlighted red for household members
 - That means, for this household member, the Federal Hub has data that indicates the household members may be incarcerated

Based on the final verifications, a household’s eligibility results will be determined

- The eligibility determination for that individual will be based on the self-attested information if a member’s information does not result in being electronically verified because of one of the following reasons:
 - The customer’s self-attested information does not match federal sources (The Federal Data Services Hub)

Part of Application

Information Being Verified

- The Federal Hub does not have enough information on that person
- There was a technical error when *Washington Healthplanfinder* tried to pull that person's information from the Federal Hub
- No one should be denied during the initial determination for having unverified information. If this is true, then it is a defect
- If an individual's information is unverified, then they are always given a period of "conditional eligibility" and allowed 95 days to prove their eligibility
- If all **areas** are verified for a household member, the individual will be **Approved** for coverage
- For more details about Conditional Eligibility, navigate to the Conditional Eligibility section 5.2

Application note – Lawful presence will only be verified after the customer has e-signed their application. The e-signature page occurs after the "Application Review" screen.

5.1.3.2. Tax credits and Apple Health

The following information will be verified electronically:

- Identity (Primary Applicant only)
- Social Security Number
- Citizenship
- Incarceration*
- Lawful Presence (if indicated as a lawfully present immigrant/nonimmigrant)
- Income
- Non-employer sponsored Minimum Essential Coverage (Non-employer sponsored insurance/minimum essential coverage)*

**Although verified by the Federal Hub, the Health Care Authority does not use this information to determine eligibility for Apple Health.*

Information will be verified at various parts throughout the application, as shown in the following pages

Part of Application

Information Being Verified

1 STEP

Primary Applicant's Information

* REQUIRED FIELD

APPLICATION ID: 10122

What is your home address?

ADDRESS LINE 1: 405 Black Lake Blvd SW
 ADDRESS LINE 2: E.g. Suite 1000

CITY *: Olympia
 STATE *: Washington
 ZIP *: 98502

COUNTY: THURSTON

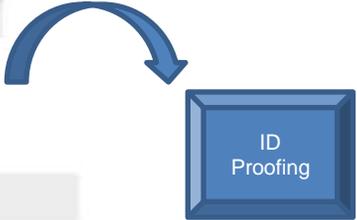
What is your mailing address? *

My mailing address is the same as my home address

ADDRESS LINE 1 *: 405 Black Lake Blvd SW
 ADDRESS LINE 2: E.g. Suite 1000

CITY *: Olympia
 STATE *: Washington
 ZIP *: 98502

COUNTY: THURSTON



Identity Verification – Part A:

- The Primary Applicant will complete the **About You** screen and then the **“Primary Applicant’s Information”** screen
- After the **Primary Applicant’s Information** screen, an **identity proofing service (ID proofing)** will be called in the backend by the system
- The ID proofing service will check the information entered by the Primary Applicant to **determine if that person exists/is a real person**
 - **If the ID proofing service verifies identity**, the customer will continue to the **Confirm Your Identity** screen
 - **If the ID proofing service is unable to verify identity**, the customer will receive a pop-up on their screen, indicating they must contact the Customer Support Center. (The customer will not be able to move forward in the application until identity can be manually verified by a Customer Support Center worker.)

SSN, Citizenship, Incarceration Check – Part A (Households of 1):

- If the Primary Applicant is only applying for themselves, a call to the **Federal Hub** will be made after the **Primary Applicant’s Information** screen. The Federal Hub will verify the Primary Applicant’s **SSN, citizenship, and incarceration status**
- If the Primary Applicant is applying for themselves and others, the call to the Federal Hub will be made in a later part of this application once the other household members are added

Identity Proofing Error if Identity Cannot Be Verified:

Contact Customer Service

Due to ID Proofing Connection / Validation: HIRE_INT_ERROR002

We are Unable to Process your application.
 Please call customer service at 1-855-WAIFINDER (1-855-923-4633) between the hours of 7:30AM and 8PM for help completing your application.

OK

Part of Application

Information Being Verified

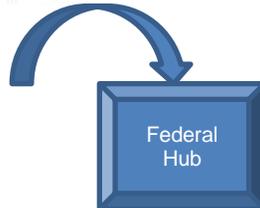
2 STEP

Confirm Your Identity

Before we move forward, please answer the following questions so that we may verify your identity. If you are unable to answer these questions it will not prevent you from proceeding with the application. However, we may not be able to access information from our automated data sources to expedite your application.

You may have opened an auto loan or auto lease in or around October 2012. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- \$395 - \$494
- \$495 - \$594
- \$595 - \$694
- \$695 - \$794
- None of the above/does not apply



Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'.

- 2
- 3
- 4
- 5
- None of the above

Confirm Identity Error Pop-up:



Identity Verification – Part B

- If the Experian/ID proofing service is successfully called and information about the primary applicant was found then the primary applicant will be asked a series of questions – **Confirm Your Identity**
- The customer will answer the questions and those responses will then be sent to **the Federal Data Hub services** to be verified
- **If the “Confirm Identity” screen is verified by the Federal Hub:** The customer will proceed with the remainder of the application
- **If the “Confirm Identity” screen is NOT verified by the Federal Hub:** The customer will receive a pop-up to call the Customer Support Center and will not be able to move forward without manual verification by a Customer Support Center Representative. The customer could also receive this error because they do not have a credit history and therefore the Experian Data services could not run their information.

Application notes – this call to the Federal Hub/Experian is to check if the individual is identified as who they say they are. This is to determine if they are a real person according to electronic sources.

Part of Application

Information Being Verified

washington healthplanfinder
shop.compare.enroll

WELCOME, JANE JULY | WASHNET | CUSTOMER SUPPORT

1 Browse 2 Apply 3 Select 4 Finalize

Do you have other household members or tax dependents?

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Jane July	Edit	Remove
Jane July	Female		10/21/1990	Yes	N/A	✓	
Mia July	Male		05/15/1990	Yes	Yes	✓	✖

Back Finish Later Next

3 STEP

SSN, Citizenship, Incarceration Check – Part A (Households of >1):

- The Primary Applicant will add additional household members on the **Do you have other household members or tax dependents?** screen

Once the **Next** button is selected, the Federal Hub will again be called to verify each person on the application. SSN, citizenship, and incarceration status will be checked for each household member.

Set Household Relationships

*REQUIRED FIELD

4 STEP

Please indicate relationship between the household members below.

ELEONOR ROBERTS 'S RELATION TO
JUNE ROBERTS *

Spouse (including same) ▼

JULIA ROBERTS *

Parent ▼

JUNE ROBERTS 'S RELATION TO
ELEONOR ROBERTS *

Spouse (including same) ▼

JULIA ROBERTS *

Parent ▼

JULIA ROBERTS 'S RELATION TO
ELEONOR ROBERTS *

Child ▼

JUNE ROBERTS *

Child ▼

← Back

Next →

Household Relationships for Last Year – Part B :

- The primary applicant will set household relationships



Application Notes

- **Deceased Spouse:** New applicants whose spouse passed away during the year can still claim the tax filing status of Married Filing Jointly for the remainder of the year. In this situation, the applicant should add his/her spouse to the application and set the Household Relationship status as “deceased spouse.” Household members with the relationship status of “deceased spouse” will automatically be set as not seeking coverage. There **cannot** be someone listed as a tax dependent of a Deceased Spouse or (Removed) Person
- **Qualified Widow(er) with Dependent Child:** If the applicant does not want to claim Married Filing Jointly, he / she can choose to remove the spouse due to reason of death and then change his / her Tax Filing Status to another status such as Qualified Widow(er) with Dependent Child.

For information on different tax filing status definitions, please refer to the Primary Applicant's Taxes section of **Chapters 3 & 4**



5 STEP

Additional Questions

The information below is needed to determine eligibility for those applying for coverage. Please respond to the questions below for the members of your application who are applying for coverage.

* Jane Jolly
* Mike Jolly

- Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? YES NO
- Are any of the members listed above currently incarcerated? YES NO
- Have any of the members listed above regularly used tobacco products in the last 6 months? YES NO
- Are all the members listed above residents of the state of Washington? YES NO
- Are any of the members listed above currently enrolled in Medicare? YES NO

Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE?

- YES
- NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, 1-800-442-4881. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Election Division, PO Box 40229, Olympia, WA 98504, email elector@dcwa.wa.gov, or call 1-800-442-4881.

Back

Finish Later

Next

SSN, Citizenship, Lawful Presence, Incarceration Check – Part B:

- The primary applicant will self-attest to the **Additional Questions** screen on citizenship, lawful presence, and incarceration status for all household members
- There are additional questions on this screen (*asking if there is an adult disabled dependent member in the household*) which appears only if there is a child above the age of 26 in the household
- An individual's response to the "Tobacco Use" and "Adult Disabled Dependent" questions does not affect their eligibility for Apple Health coverage

Household Income Details

* REQUIRED FIELD



On the previous screen, you provided information about the types of income that come from members of your household. Please provide the amount of income for each type and each household member below. You may add additional employment income for a household member by selecting "Add More." If you have incorrectly identified a household member as someone who contributes income, please select "Back" below to change this information on the previous screen.

Income Check – Part F:

- The Primary Applicant will include income information for all household members

Employment Income

Eleonor Roberts

GROSS MONTHLY AMOUNT * ⓘ	
\$ 2,300.00	
EMPLOYER NAME *	EMPLOYER ADDRESS LINE 1 *
Cruise Corp	2000 Lakeridge Blvd
EMPLOYER ADDRESS LINE 2	EMPLOYER CITY *
	Olympia
EMPLOYER STATE *	ZIP * COUNTY
Washington ▼	98502 THURSTON ▼
DOES YOUR EMPLOYER OFFER A HEALTH PLAN THAT MEETS THE MINIMUM VALUE STANDARD? * ⓘ	<input type="radio"/> YES <input checked="" type="radio"/> NO

Add More

◀ Back

Save and Exit Next

Part of Application

Information Being Verified

5 STEP

Application Review

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit option. Selecting the edit option will take you back to that section of the application. Selecting 'Next' from this screen takes you to the signature page so you can submit this application.

Please review the information you have entered before you submit your application.

Primary Account Holder

First Name: Eleonor
 Middle Initial:
 Last Name: Roberts
 Social Security Number: XXX-XX-145B
 Date of Birth: 11/01/1973
 Sex: Female
 Email: eleonorroberts1@mailinator.com

Edit

Warning:

We were unable to verify the members information highlighted in Red. Please provide additional documents for these members.
 Click edit if you would like to modify this information.

Name	US Citizen?	Is Lawfully Present?	Date of Entry	Immigration Document Type	Immigration Document Number
Eleonor Roberts	Yes	N/A	N/A	N/A	N/A
Jane Roberts	Yes	N/A	N/A	N/A	N/A
Julia Roberts	Yes	N/A	N/A	N/A	N/A

Warning:

We were unable to verify the individual's information highlighted in Red. Please click "Edit" if you would like to modify this information.

Name	Currently Incarcerated?	Pending disposition of charges
Eleonor Roberts	No	No
Jane Roberts	No	No
Julia Roberts	No	No

Electronic Verification Results:

- The primary applicant will be notified on the **Application Review** screen if any information in their application could not be verified
- These areas will be highlighted **red** and are unable to verify
 - The Federal Hub data on that item did not match what the customer self-attested, the Federal Hub did not have enough information on the person or there was a technical error while trying to verify
 - In this example:
 - The customer indicated no members of the household are incarcerated
 - The row is highlighted red for household members
- That means, for this household member, the Federal Hub has data that indicates the household members may be incarcerated

Based on the final verifications, a household's eligibility results will be determined

- The eligibility determination for that individual will be based on the self-attested information if a member's information does not result in being electronically verified because of one of the following reasons:
 - The customer's self-attested information does not match federal sources (The Federal Data Services Hub)
 - The Federal Hub does not have enough information on that person
 - There was a technical error when *Washington Healthplanfinder* tried to pull that person's information from the Federal Hub
- No one should be denied during the initial determination for having unverified information. If this is true, then it is a defect

Part of Application

Information Being Verified

- If an individual's information is unverified, then they are always given a period of "conditional eligibility" and allowed 95 days to prove their eligibility

If all **areas** are verified for a household member, the individual will be **Approved** for coverage

For more details about Conditional Eligibility, navigate to the **Conditional Eligibility section 5.2**

Application note – Lawful presence will only be verified after the customer has e-signed their application. The e-signature page occurs after the "Application Review" screen.

5.2. Conditional Eligibility

5.2.1. Qualified health and dental plan Applications with or without tax credits

Any individual on a **Qualified health/dental plan with or without tax credits** that has **unverified information** will be considered **Conditionally Eligible**. The individual will have **95 days** to upload or submit documentation to prove their conditional status.

For Example:

- If an individual's SSN comes back unverified, the person could submit a copy of their social security card, as proof of their SSN
- *Washington Healthplanfinder* staff will review that documentation and manually verify it, changing their status from "Conditionally Eligible" to "Eligible"

Multiple Rows of Unverified Information:

- Some individuals will have multiple pieces of information that cannot be verified. For instance if their SSN is unverified, it will likely be that citizenship and incarceration status are also unverified.
- The individual needs to provide proof for each piece of information that was unverified
- Until all areas are satisfied, the **Conditionally Eligible** label will not be removed

Coverage During the 95-Day Period:

- Although a customer is deemed **Conditionally Eligible**, they are still approved for coverage during their 95-day period
- During this time, they can select a health care plan, pay their premium, and utilize the benefits of that plan at a doctor's visit, hospital visit, etc.

Coverage After the 95-Day Period:

- **Individual submitted documentation and it was verified:** Coverage will continue and no action is required by the customer
- **Individual submitted documentation and it could not be verified:**
 - **For SSN, Citizenship, Incarceration Status, and Lawful Presence:** After the 95-day period, the customer will be disenrolled from Qualified health plan tax credit coverage
 - **For Income and Non-Employer Sponsored Insurance/Minimum Essential Coverage:** After the 95-day period, the customer will be disenrolled from Qualified health plan with tax credits, but will remain enrolled in a Qualified health plan
 - **For Tribal Status:** After the 95-day period, the customer can keep their coverage, but their Cost Sharing Tier may be impacted (determined by Tribal membership). If their Tribal membership cannot be verified, then the applicant will not be able to take part in the Cost Sharing Reduction Tier. Cutoff is at 250% instead of 300% of FPL if Tribal membership not verified.

- **No documentation submitted/verified:** After the 95-day period, the customer will automatically be disenrolled from coverage [See Section: “95 Day Redetermination Batch Job” for more information]

5.2.2. Washington Apple Health Applications

Any applicant on a **Washington Apple Health** application who has the following information unverified will be considered **Conditionally Eligible**. The individual will have **15 days** to upload or submit documentation to the **Health Care Authority**, to verify required information.

Conditional, if unverified:

- Identity (just for Primary Applicant)
- Citizenship
- Lawful Presence (if indicated as a lawfully present immigrant/nonimmigrant)*
- Income

For Example:

- A customer’s citizenship status cannot be verified electronically. The customer will receive a correspondence indicating they have 15 days to provide documentation to prove citizenship. If the appropriate documentation is submitted, a Health Care Authority account worker will manually verify the customer and their status will change from “Conditionally Eligible” to “Eligible.”

Any individual on an **Apple Health** application who has the following information unverified will be considered “**Pending**”

“Pending,” if unverified:

- Social Security Number

For Example:

- A customer does not enter an SSN on their application or their SSN cannot be verified. The customer’s eligibility will be marked as “Pending.”
- A Health Care Authority account worker must then manually generate a correspondence to the customer indicating documentation/proof of SSN must be submitted within 15 days
- Once the correspondence has been distributed to the customer, the status will change from “Pending” to “Conditionally Eligible”
- This is a notable difference, because while a customer is considered **Pending**, no benefits may be received. However, once a customer’s status has changed to **Conditionally Eligible**, the customer may still receive benefits during the timeframe in which Health Care Authority is waiting for their documentation to be uploaded and verified.

Multiple Rows of Unverified Information:

- Some individuals will have multiple pieces of information that cannot be verified. For instance, their citizenship and Identity may both be returned as unverified.
- The individual needs to provide documentation for each piece of information that was unverified
- Until all areas are satisfied, the **Conditionally Eligible** label (or **Pending** label for SSN) will not be removed

Coverage during the 15 Day Period:

- Although a customer is deemed **Conditionally Eligible**, they are still approved for coverage during their 15-day period
- During this time, they can have a doctor's visit, hospital visit, etc.
- If a customer is deemed **Pending**, no coverage will be available unless a Health Care Authority account worker manually updates the status to **Conditional** (Generally customers should expect to only be **Pending** for 1–2 days prior to being manually switched to **Conditional** by a Health Care Authority account worker)

Coverage after the 15 Day Period:

- **Individual submitted documentation and it was verified:** Coverage will continue and no action is required by the customer
- **Individual submitted documentation and is determined ineligible for Apple Health:** Apple Health will be closed following *advanced and adequate notice*
- **Individual submitted documentation and Eligibility still cannot be determined:** After Health Care Authority reviews, they may request additional information. *For example, a customer submits documentation, but a Health Care Authority account worker is unable to read the document because it is blurry. The Health Care Authority will re-request that information and give the customer an additional 15 days to re-submit documentation.*
- **No documentation submitted:** After the 15-day period, the customer's Apple Health will be closed, following *advanced and adequate notice*



Definition: Advanced and Adequate Notice:

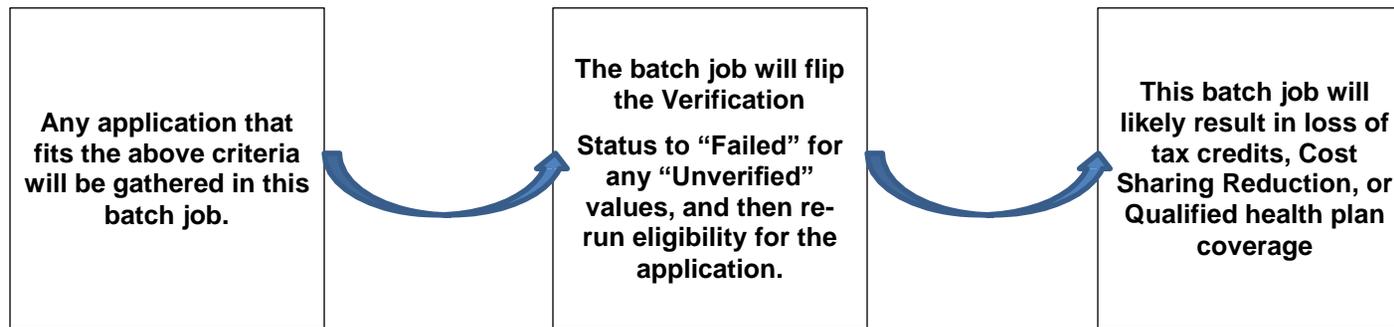
- **“Advanced”:** Health Care Authority must provide the customer with at least 10 days' notice prior to closing their Apple Health. The notice must be sent before the end of the month. If it cannot, it must be sent within the next month.
- **“Adequate”:** Health Care Authority must provide an explanation in their notice as to why they are closing the customer's Apple Health

5.2.3. 95-Day Redetermination Batch Job

This batch job only applies for Qualified health plan and tax credit applicants. Apple Health applications follow a different 15-day process through HCA.

Washington Healthplanfinder has an automated batch job that runs daily to identify applications where the following is true:

- Applications that are at least 95 days old
- Applications that are in a **Conditional** status where at least one value is “Unverified”
- Applications that do not have a document attached that is in **Pending Review** status (This is NOT the same as **Pending Eligibility** for a Apple Health application)



Important Documentation Notes:

- It is very important that account workers who are **not the Conditional Eligibility Verification team** are not reviewing documents, updating the status of the document
- Account workers and some privileged users may be able to view the documentation uploaded, but should not change the status, unless instructed to
- ID proofing documentation can be marked as review for an account worker or privileged user who reviews the document and assists customer with manual ID proofing

5.3. Documents for Conditional Eligibility Verification

5.3.1. What types of documents can be submitted as proof for manual verification?

5.3.1.1. Citizenship

5.3.1.1.1. Eligibility Requirements

To be eligible for coverage on *Washington Healthplanfinder*, an individual is required by law to be residing in the United States lawfully. This includes naturalized and born citizens, as well as lawfully present non-citizens.

U.S. Citizens:

- Individuals can gain citizenship in the United States by birth, adoption, or naturalization
- Naturalization is a legal process by which a citizen of one country becomes a citizen of another
- It generally requires that the person:
 - Be staying in the adopted country for a specified minimum period (typically five years) and will make it his or her permanent residence
 - Is of good character and has not been in violation of immigration laws (or has been given amnesty)
 - Has a sufficient knowledge of the local language and has taken an oath of allegiance to the adopted country



5.3.1.1.2. Types of Proof

Individuals required to submit verification may submit one of the following:

Proof of Citizenship

- US Passport/US Passport Card
- Enhanced Driver's License or Enhanced State ID; [Standard License will NOT be accepted, it MUST be Enhanced]
- Certificate of Naturalization,
- Certificate of Citizenship
- Official State/County US Birth Certificate
- Other Certification of Birth Issued by Department of State
- Department of Health (DOH) Printout for Washington State Birth
- US Citizen ID Card
- Final Adoption Decree in the US
- Evidence of Civil Service Employment by the US Government Before June 1, 1976
- Official Military Record of Service that Shows a US Place of Birth



NOTE: This is not a comprehensive list. The above list of documents is the most commonly used forms of proof of citizenship.

Additional Resources:

- National Immigration Center Website and Guide
 - <http://nilc.org/> (website)
 - <https://www.dshs.wa.gov/esa/resources-desk-aids-and-links/immigration-law-center-nilc-guide>
- Customs and Border Protection Agency
 - <https://i94.cbp.dhs.gov/I94/request.html>

5.3.1.1.3. Helpful Tips



- Full name should match what is claimed in the *Washington Healthplanfinder* application
 - If there is a discrepancy with the last name we may still consider valid; however, the individual will need to provide an explanation of the discrepancy
 - This explanation can be received over the phone or they can submit a letter to *Washington Healthplanfinder* by uploading to their account
 - The only allowed discrepancy is a change in last name; i.e., client is married, but the document provided has maiden name
- The *Washington Healthplanfinder* will **NOT** accept a standard driver's license or state ID as proof of citizenship. We only accept "Enhanced" ID's as proof of citizenship.

5.3.1.1.4. Sample Documents

Sample Document | What to Look For:



United States Passport

- This document is issued to US citizens who wish to travel outside of their country
- Must Include: US watermark emblem

To be verified:

- Name and DOB should match *Washington Healthplanfinder* application
- If there is discrepancy with the last name, the individual must supply an explanation for the discrepancy either in writing or over the phone
- Document may be expired and still considered valid

Sample Document

What to Look For:



Certificate of Naturalization

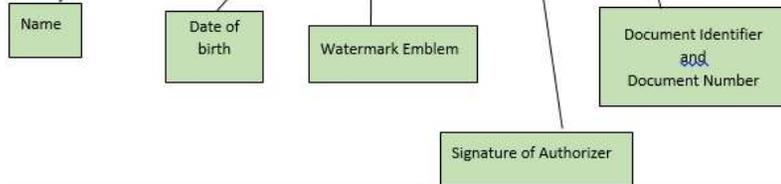
- These documents are issued to persons who become US citizens through the naturalization process
- The N-550 document is the original document and an N-570 is the replacement, if the original is lost or stolen
- Must include: document number and watermark

To be verified:

- Name and DOB should match *Washington Healthplanfinder* application
- If there is discrepancy with the last name, the individual must supply an explanation for the discrepancy either in writing or over the phone

Sample Document

What to Look For:



Certificate of US Citizenship (Form N-600)

- A person born outside the United States to a US citizen parent(s) may have already acquired US citizenship
- To document their US citizenship status based on US citizen parentage, the individual can file form N600, Application for Certificate of citizenship
- Must Include: watermark emblem

To be verified:

- Name and DOB should match *Washington Healthplanfinder* application
- If there is discrepancy with the last name, the individual must supply an explanation for the discrepancy either in writing or over the phone

Sample Document

What to Look For:

Enhanced Driver's License or State ID

**WASHINGTON STATE
Enhanced ID card**

The enhanced ID card is an acceptable alternative to a passport for U.S. land and sea border crossings.



**WASHINGTON STATE
Enhanced driver license**

The enhanced driver license is an acceptable alternative to a passport for U.S. land and sea border crossings.



Enhanced identifier

Expiration Date

First Name, Last Name, DOB

Enhanced Driver's License or State ID

To be verified:

- Full name should match the individual's full name on the application
- Document is valid if expired
- Enhanced identifier at the top right had corner of the document
- If there is discrepancy with the last name, the individual must supply an explanation for the discrepancy either in writing or over the phone

Sample Document

What to Look For:

Official State/County US Birth Certificate

The image shows a sample of an Official State/County US Birth Certificate. The certificate is for Joseph Richard Waters, born on October 22, 1919, in San Francisco, California. The document includes fields for the child's name, sex, race, date of birth, and parental information. It also features the State Seal of California and the County Seal of San Francisco. A document number 8490 is visible in the top right corner. Green callout boxes with arrows point to the Name, Document Number, Date of Birth, State Seal, and County Seal.

Official US Birth Certificate

- This document is given to each individual upon birth in the United States
- Must Include: The document should have the state and county seal

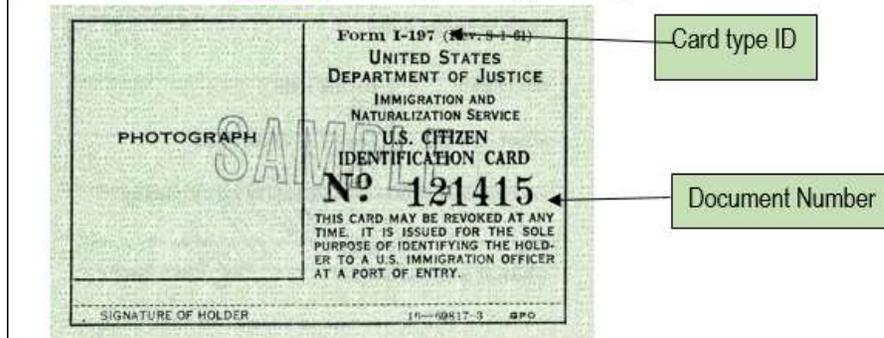
To be verified:

- Name and DOB should match *Washington Healthplanfinder* application
- If there is discrepancy with the last name, the individual must supply an explanation for the discrepancy either in writing or over the phone

Sample Document

What to Look For:

US Citizen ID Card (I-197) and (I-179)



US Citizen ID Card

- These identification documents were once issued to US citizens; the INS no longer uses them
- Cards previously issued to US citizens remain valid indefinitely
- Please note that the back of this card is where the bulk of the identifying information is located; this document is very easy to navigate

To be verified:

- Name and DOB should match *Washington Healthplanfinder* application
- If there is discrepancy with the last name, the individual must supply an explanation for the discrepancy either in writing or over the phone

Sample Document

What to Look For:

Case ID

PROBATE COURT OF ERIE COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

FINAL DECREE OF ADOPTION
(Without Interlocutory Order)
[R.C. 3107.13, 3107.14 & 3107.19]

This day this matter came on to be heard on the petition of _____
 _____ for the adoption and change of name of the minor being adopted.

The Court finds that notice has been given to all parties; that all consents have been filed or have been found not required; that the allegations in the petition are true; that the minor has been lawfully placed in the home of the petitioner; that the minor has lived in the home of the petitioner for six months as required by law; that a report of the assessor has been filed and is approved; that the adoption is in the best interest of the minor being adopted; that the accountings, as required, have been filed, reviewed and approved, and that the minor is an adopted person as defined in Section 3107.39 or 3107.45 of the Revised Code.

It is therefore ordered that the Petition for Adoption is granted, and that the name of the minor is changed to _____

Date _____ Probate Judge _____

Signature of Authorizer

18.7 – FINAL DECREE OF ADOPTION
(Without Interlocutory Order)

3/97

American LegalNet, Inc.
www.LRCOurForms.com

Final Adoption Decree in US

- This form finalizes an adoption
- It formally creates the parent-child relationship between the adoptive parents and the adopted child, as though the child were born as the biological child of its new parents
- Must include: Signature of probate judge and case number

To be verified:

- Name and DOB should match *Washington Healthplanfinder* application
- If there is discrepancy with the last name, the individual must supply an explanation for the discrepancy either in writing or over the phone

5.3.1.2. Lawful Presence

5.3.1.2.1. Eligibility Requirements

To be eligible for coverage on *Washington Healthplanfinder*, an individual is required by law to be residing in the United States lawfully. This includes naturalized and born citizens, as well as lawfully present non-citizens.

Lawfully Present Non-Citizens:

- Non-US citizens who have permission to live and/or work in the United States and who have not overstayed their departure date
- This includes the following groups of persons:
 - Qualified Immigrants
 - Non-Qualified Immigrants
 - Nonimmigrants



NOTE: The following groups of individuals are not eligible for enrollment into Qualified health plan with tax credits:

- Individuals who are residing in the United States illegally
- Individuals who have either overstayed their period of authorization or who were not permitted to enter the United States
- Deferred Action Childhood Arrivals (DACA). DACA individuals are nonimmigrant aliens who have been granted deferred action, but unlike other deferred action individuals, they are not eligible for any enrollment as under the Affordable Care Act they are considered not lawfully present.

Deferred Action for Childhood Arrivals (DACA):

- Deferred action recently became available to immigrant youth who came to the United States as children, have lived in the country for at least five years, and meet certain other criteria
- On August 30, 2012, the Centers for Medicare and Medicaid Services (CMS) issued an interim final rule excluding individuals granted deferred action under the “Deferred Action for Childhood Arrivals” (DACA) policy from the “lawfully present” definition, for purposes of eligibility. For more information, you can reference 77 FR 52614 (August 30, 2012).
- As a result of the August 28 changes, DACA-eligible individuals will remain excluded from almost all affordable health insurance options



- They will be treated as though they are undocumented, even though they are otherwise considered lawfully present and are eligible for a work permit and a social security number
- Unless their state has established a state-funded health coverage program, their only opportunity to obtain affordable, comprehensive health insurance may be through employment

Difference between Immigrant and Nonimmigrant status:

• **Immigrants:**

- Individuals who want to permanently resettle in the destination country
- They may or may not want eventual citizenship of the country, although in most cases they do
- In the case of an immigrant, the intention of permanent residence is clear and is made known beforehand
 - This status allows the immigrant to live in the United States permanently
 - It also allows the visa-holder (or green card holder) to leave and re-enter the United States at will, without requiring any other documentation or visa, just like a citizen would
 - Immigrant visa holders do not, however, have certain rights such as voting until they apply for and are granted citizenship

• **Non-Immigrants:**

- Individuals who want either a short or long-term stay (including a work permit), but do not want permanent residence in the destination country
- A nonimmigrant may live in the country for several years without any application to permanently resettle
- Many people in the nonimmigrant status later apply to change their status to immigrant because they may later want to settle in their adopted country permanently
- These statuses allow people to live and work in the United States for a limited period of time – from 6 months to several years

However, all these visas have a certain validity period and certain limits to how long they can be extended. This is because nonimmigrant visas are not to be used for permanent residence

Additional Resources:

- <https://www.dshs.wa.gov/esa/resources-desk-aids-and-links/immigration-law-center-nilc-guide>

5.3.1.2.2. Types of Proof

Individuals required to submit verification may submit one of the following:

Doc Type	HPF will capture:	Passport Captured?
I-327 (Reentry Permit)	Alien Number*	No
I-551 (PR Card)	Alien Number*	No
	Receipt Number*	
I-571 (Refugee Travel Document)	Alien Number*	No
I-20 (non immig students)	Sevis ID*	Yes-Optional
DS2019 (Cert of exchange students)	Sevis ID*	Yes-Optional
Other	Alien Number*	Yes-Optional
	Description*	
I-766 Employment Authorization Card	Alien Number*	No
	Expiration Date*	
	Receipt Number*	
Temporary I-551 Stamp	Alien Number*	Yes- Optional
I-94 Arrival or Departure Record	I-94 Number*	Yes- Optional
	SEVIS Number	
Machine Readable Immigrant Visa (with Temp I-551 Language)	Alien Number*	Yes – Required
	Visa Number	
	Doc Expiration Date	



Application note – this is not a comprehensive list. The above list of documents is the most commonly used forms of proof of Lawful presence.

5.3.1.2.3. Helpful Tips

The goal is to verify that an individual has not overstayed their period of authorization.

- **Expiration dates:**

- Document expiration dates are usually indicative of the expiration of status; however, there are exceptions to this rule



- I-551 or I-151 “Green Card” can have an expired expiration date and the status still considered valid, with the exception of Conditional residents who receive a 2-year LPR card based on a recent marriage to a US citizen. Conditional Residents will have a “CR” coded on their I-551 card.
- Visa and/or passport expiration dates do not determine expiration of status. The individual must provide a copy of their I-94 or I-94W. They may also provide a copy of their stamped passport. It is the stamp on the I-94 or passport that determines date of status expiration.

- **Eligibility by Status:**

- All individuals lawfully present in the United States are considered eligible, with the following exception of individuals who are residing in the United States on a Deferred Action for Childhood Arrivals (DACA)

5.3.1.2.4. Sample Documents

Sample Document	What to Look For:
-----------------	-------------------



Legal Permanent Residency Card (Form I-551 or I-151)

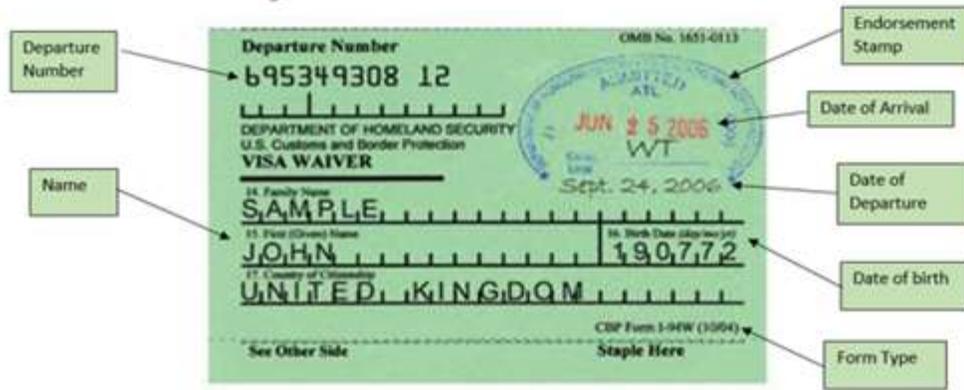
A green card is an Official ID card for a lawful permanent resident of the United States. It serves as proof that its holder is an immigrant who has been authorized to live and work in the United States permanently.

What to look for:

- Are name and DOB same as application?
- Is Category “CR”?
 - YES: Expiration date is applicable
 - NO: Expiration date is NOT applicable and can be considered verified

Sample Document

What to Look For:



Common Stamps Found in Foreign Passports and on Form I-94/I-94W

I-551 temporary evidence of Lawful permanent residence:

- This stamp is found in a foreign passport when lawful permanent status has been approved abroad by a US embassy or Consulate
- Valid until date indicated on stamp has expired

Entry Stamp:

- Can be used for both Immigrants and nonimmigrants. This stamp is found in both foreign passports and on I-94/ (W).
- Valid until date indicated on stamp is expired
- Entry stamps that do not have a date located on them will usually have a "D/S" on the stamp instead. This stands for Duration of Status.
- The individual will need to submit a copy of their I-20 or other nonimmigrant documentation

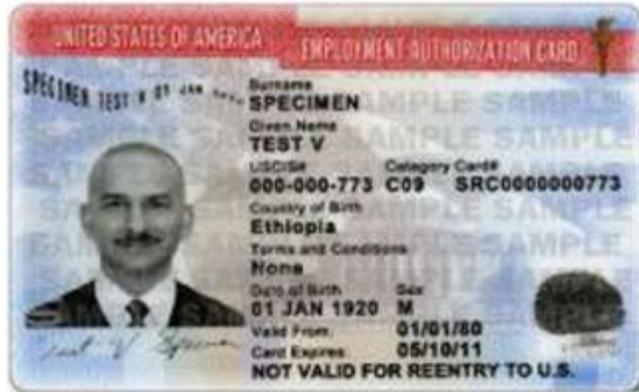
Sample Document

What to Look For:



Sample Document

What to Look For:



Employment Authorization Document (Forms I-766/I-688B)

An Employment Authorization Document is also known as an EAD or a work permit. The new version of the I-766 became effective on 10/25/2011.

The document stands as sufficient proof of lawful presence status when the following criteria are satisfied.

What to look for:

- Are the name and DOB same as application?
- What is the expiration date of the status?
 - Expiration date determines expiration of status. If date is past expiration date, do not consider verified.



Sample Document

What to Look For:

U.S. Department of Justice
 Immigration and Naturalization Service
 Certificate of Eligibility for Nonimmigrant (F-1) Student Status - For Academic and Language Students (OMB No. 1515-0051) Page 1

Please read instructions on Page 2
 This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname)
 First (given) Name: Middle Name:
 Country of birth: TX, USA Date of birth (month/year):
 Country of citizenship: TX, USA Admission number:

2. School (School district name):
 University
 School Official to be notified of student's arrival in U.S. (Name and Title):
 Associate Director of International Admissions
 School address (include zip code):
 School code (including 3-digit suffix, if any) and approval date:
 Approved on: _____

3. This certificate is issued to the student named above for:
 INSTALL

4. Level of study:
 BACHELOR'S
 The student named above has been accepted for a full course of study at this school, majoring in **General Studies**.
 The student is expected to report to the school no later than **09/02/2008** and complete studies not later than **12/15/2008**. The normal length of study is **48** months.

5. English proficiency:
 This school requires English proficiency. The student is not yet proficient. English instructions will be given at the school.

6. This school estimates the student's average costs for an academic term of **8** (up to 12) months to be:
 a. Tuition and fees \$ 10,388.00
 b. Living expenses \$ 7,167.00
 c. Expenses of dependent(s) \$ 0.00
 d. Other (specify) Books, Supplies \$ 1,883.00
 Total \$ 19,438.00

7. Funds from another source \$ 81,000.00
 Specify type: **Mathias**
 On-campus employment \$ 0.00
 Total \$ 81,000.00

8. Remarks: English and math placement tests are required. Last day of registration is Sept 02/08 '11, 2008.

9. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by one or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were reviewed at the school prior to the

Certificate of Eligibility for Nonimmigrant Student Status (Form I-20)

Form I-20 is generally sent to a foreign student after they have been accepted. This means a student must apply and be accepted before they can apply for his student visa.

Often, the passport stamp will indicate a "D/S" (Duration of Status) in place of an expiration date. When the Point of Entry stamp has a "D/S," the applicant must also supply their I-20 form as proof of valid status.

What to look for:

- Are the name and DOB same as application?
- What is the duration of status?
 - Refer to Line 5 on the I-20 form to identify expiration date. If expiration date has been lapsed, consider not verified.

5.3.1.3. Social Security Number

5.3.1.3.1. Eligibility Requirements

All individuals **MUST** provide proof of a valid SSN, provide proof that an application for a number or a replacement card has been submitted, or qualify for an exception (exceptions outline below)

Exceptions:

The below individuals are exempt from submitting an SSN.

- **Newborns:**

- Children born to a mother who is eligible for Apple Health on the date of the newborn's birth

- **Those who refuse for religious objections:**

- A person who claims this exemption must show membership in a recognized sect or division. A statement that the person objects to obtaining a SSN for religious reasons or other personal beliefs is not sufficient.
- Convincing evidence includes, but is not limited to:
 - Proof of filing for a waiver with the IRS using Form 4029
 - Statements from leaders of the recognized sect or division
- **Undocumented aliens and refugees:**
 - Refugees applying for or receiving Refugee Medical Assistance (RMA) who are not eligible for MAGI Medicaid (Apple Health)
 - Undocumented and nonimmigrant people applying for or receiving AEM, state-funded MA for pregnant women, or state-funded MA for people receiving services from the Center for Victims of Torture (CVT)
- **Those not seeking coverage:**
 - Adults and children who are not requesting or receiving coverage



5.3.1.3.2. Types of Proof

Individuals required to submit verification may submit one of the following:

Proof of SSN Ownership

- Military Discharge and Separation Paperwork (must include name and full SSN)
- Military ID Card (must include name and full SSN of person applying)
- Social Security Administration Form 1099 or Award Letter
- Social Security Number Card
- W-2 Wages and Tax Statement

Proof of Application for SSN or Replacement Card

- Receipt for an Application For a SSN (SSA-5028) form that verifies that the customer has applied for a SSN or a duplicate SSN
- A Referral for Social Security Number (DE-129) form completed by the local SSA office showing that an application for a SSN or replacement card has been made (when required to apply for a SSN by the local office).
- For a newborn, SSA form SSA-2853-OP4 serves as verification that an application for an SSN has been made by the mother of the newborn by checking the appropriate box on the birth certificate application.
- W-2 Wages and Tax Statement



NOTE: This is not a comprehensive list. The above list of documents is the most commonly used forms of proof of SSN.

5.3.1.3.3. Helpful Tips

All of the criteria below must be met in order for a document to be considered sufficient proof for an SSN:



4. It must be of some official capacity; i.e., produced by a federal agency
5. Name and SSN on document **MUST** appear as it does in the Healthplanfinder application
6. If there is a discrepancy with the last name, the individual must provide a detailed explanation as to why the last name has been updated; i.e., individual has remarried. Card displays maiden name.
7. The full SSN must be present on the document

5.3.1.3.4. Sample Documents

Sample Document

What to Look For:

**Social Security Card**

There are three types of social security cards. All cards show the name and social security number.

Additional types include the following:

Type 1: Displays, "VALID FOR WORK ONLY WITH DHS AUTHORIZATION." Under the name on the front of the card.

- This type of card is issued to those admitted to the United States on a lawful temporary basis who have authorization to work

Type 2: Displays, "NOT VALID FOR EMPLOYMENT." under the name on the front of the card

- This type of card is issued to people from other countries who are admitted to the United States without work authorization but who have a nonwork reason for needing a social security number; or who need a number because of a federal law requiring a social security number to get a benefit or service

 **Application note** – First and last name on SSN card MUST match first and last name on the Healthplanfinder application. If there is a discrepancy with the last name, the individual must provide a detailed explanation as to why the last name has been updated; i.e., individual has remarried. Card displays maiden name.

Sample Document

What to Look For:

Form W-2 Wages and Tax Statement

a Employee's soc. sec. number 22222 Void → 444-44-4444		For Official Use Only OMB No. 1545-0008	
b Employer identification number 12-1234567		1 Wages, tips, other comp. 21689.20	2 Federal income tax withheld 2488.46
c Employer's name, address, and ZIP code SOME COMPANY NAME 1111 SOME ADDRESS DRIVE SOMECITY, OK 00000		3 Social security wages 22360.00	4 Social security tax withheld 1386.32
		5 Medicare wages and tips 22360.00	6 Medicare tax withheld 324.22
		7 Social security tips	8 Allocated tips
d Control number		9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial CONNIE		Last name BARNES	11 Nonqualified plans
f Employee's address and ZIP code P. O. BOX 11211 OKLAHOMA CITY, OK 73127		12a See instructions for box 12	12b
		13 Statutory retirement "third-party sick pay"	12c
		14 Other	12d D 670.80
15 State Employer's state ID number OK 12-1234567	16 State wages, tips, etc. 21689.20	17 State income tax 936.00	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage & Tax Statement 2007
Copy A For Social Security Administration -- Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Department of the Treasury -- Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
 30-2999001

Do Not Cut, Fold, or Staple Forms on This Page

W-2, Wages, and Tax Statement

- A W-2 Form, Wages and Tax Statement is a form that an employer must send to an employee and the IRS at the end of the year
- The W-2 form reports an employee's annual wages and the amount of taxes withheld from his or her paycheck
- **What to Look For:**
 - Name must be same as application data or not considered valid without additional explanation from client
 - Full SSN must be provided on W-2

Sample Document

What to Look For:



Military ID Card

- All service members will have a “Geneva Convention” identification card
- Dependents (spouses and children) will have an Identification and Privilege card
- The examples shown are the not the most recent form of Identification
- It is important to note that the new ID card for both service members and their dependents no longer contains the SSN on the card; this number has been replaced with a DoD Number

What to Look For:

1. First ensure that it is a version with a SSN contained in the content
 - a. Service member cards will have the SSN located on the back side of the card
 - b. Dependent cards will have the SSN located on the front side of the card
 - c. The name and DOB should match the application information, if it does not, do not consider the ID as valid proof of SSN
 - d. Dependent cards have the DOB located on the back of the card in the following format: year/month/date (2012May26)
2. The document should still be considered valid even if it has expired

5.3.1.4. Incarceration

5.3.1.4.1. Eligibility Requirements

To be considered eligible for Qualified health/dental plan with or without tax credit enrollment: an individual may **not** be incarcerated.

Self-Attestation	Verification
<p>Are any of the members listed above currently incarcerated? * ⓘ <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>Please check the box for any member who is incarcerated.</p> <p><input checked="" type="checkbox"/> Jeff Rydalch Is this member pending disposition of charges? * ⓘ <input type="radio"/> YES <input type="radio"/> NO</p> <p><input type="checkbox"/> Lynne Rydalch</p>	<p>Automatic Denial</p> <ul style="list-style-type: none"> If an individual self-attests “Yes” they are incarcerated, they will be automatically denied coverage
<p>Are any of the members listed above currently incarcerated? * ⓘ <input type="radio"/> YES <input checked="" type="radio"/> NO</p>	<p>Electronically Verified</p> <ul style="list-style-type: none"> The individual self-attested “No” to being incarcerated, and the Federal Hub records also matched with a “No” <p>Electronically Unverified</p> <ul style="list-style-type: none"> The individual self-attested “No” to being incarcerated, and the Federal Hub records did <u>not</u> match, the Federal Hub did not have enough information, or there was a technical error – resulting in Conditional Eligibility and a request for documentation to be submitted by the individual to prove they are not incarcerated

5.3.1.4.2. Types of Proof

An individual whose incarceration status cannot be confirmed through the electronic verification process will be required to submit proof of non-incarceration status.

Commonly Accepted Documents to Show Proof of Non-Incarceration Status:

- Signed and dated letter indicating that you are not currently incarcerated
- Release Paper from Government Authority



NOTE: This is not a comprehensive list. The above list of documents is the most commonly used forms of proof of Non-incarceration status.

5.3.1.5. Tribal Membership

5.3.1.5.1. Eligibility Requirements

To be eligible for American Indian/Alaska Native Qualified health plan coverage benefits on *Washington Healthplanfinder*, an individual is required to be an enrolled member of a federally recognized Indian Tribe, Band, Pueblo, or Rancheria or be an Alaska Native Corporation shareholder. AI/ANs who are Tribal descendants but not enrolled, members of state recognized Tribes, or members of non-federally recognized Tribes are not eligible for the AI/AN Qualified health plan benefits.

5.3.1.5.2. Documentation to Submit

5.3.1.5.2.1. Types of Proof

Commonly Accepted Documents to Show Proof of Tribal Membership:

- Tribal enrollment/membership card
- Certificate of Indian blood that includes the Tribal membership enrollment number
- Letter on Tribal letterhead stating the individual is an enrolled member of that Tribe

NOTE: Such documentation will take on a variety of forms as every Tribe and Alaska Native Corporation is unique.

5.3.1.5.2.2. Helpful Tips

Be sure the name on the card matches the name of the individual applying for coverage

- There may be a discrepancy with the last name; for example a woman may be listed on her Tribal membership card by her maiden name and now she uses her married name; she would need to provide additional explanation on the discrepancy

Make certain the name of the Tribe on the document matches the name of the Tribe selected from the searchable database in the *Washington Healthplanfinder*; for example, an applicant may have selected their Alaska Native Corporation in the Healthplanfinder but uploaded their Tribal membership card

Tribal documents listing the applicant as an AI/AN descendant rather than enrolled will be considered invalid and the applicant will be not eligible for cost-sharing reductions

With Certificates of Indian Blood, the Tribal membership enrollment number MUST be included

5.3.1.5.2.3. Sample Documents

Sample Document

Certificate of Indian Blood:

Upper Skagit Indian Tribe
25944 Community Plaza
Sedro Woolley, WA 98254

Monday, June 10, 2013

Certificate of Tribal Enrollment

Name: [REDACTED]

Date of Birth: [REDACTED] Enrollment Status: Enrolled ← Enrollment Status

Resolution Number: [REDACTED] Enrollment Number: [REDACTED] ← Enrollment Number

Resolution Date: 09/11/2005

Address (Mailing): [REDACTED] County/Borough: Skagit

City: Sedro Woolley, WA 98254

Address (Sheet): [REDACTED] County/Borough: Skagit

City: Sedro Woolley, WA 98254

[REDACTED] Authorizing Signature

Membership Assistance Program Manager

Sample Document

Alaska Native Shareholder:



Arctic Slope Regional Corporation • Attn: Stock Department
 PO Box 129 • Barrow, Alaska 99723-0129
 (907) 852-8533 • Toll Free: 1-800-770-2772 • FAX (907) 852-9457 • E-MAIL: stock@asrc.com

Alaska Native Corporation Information

February 11, 2014

VERIFICATION OF ENROLLMENT

This is to certify that the following individual is enrolled and is a shareholder of record to:

Shareholder Status

ARCTIC SLOPE REGIONAL CORPORATION

an Alaska Native Corporation created under the Alaska Native Claims Settlement Act (Public Law 92-203 43 USC 1601 ET SEQ.) passed by the 92nd United States Congress on December 18, 1971 and Amendments thereof. Arctic Slope Regional Corporation can compute earnings per share and book value based on number of shares outstanding, but cannot give the true value of stock because the fair value of land and subsurface estate received is not yet determined.

SHAREHOLDER NAME:	[REDACTED]	
DATE OF BIRTH:	[REDACTED]	
SOCIAL SECURITY NUMBER:	XXX-XX-	[REDACTED]
ASRC SHAREHOLDER ID:	[REDACTED]	
ALASKA NATIVE BLOOD QUANTUM:	1/4	
NUMBER OF SHARES OWNED:	Class	Share Count
	C	100

Further identifying information

SIGNED: [REDACTED] DATE: 02/11/14
 ASRC Stock Control Technician

Sample Document

Tribal Membership Card:

Name of Federally-recognized Tribe

Turtle Mountain Band of Chippewa Indians
BELCOURT, NORTH DAKOTA

PHOTO

Name [Redacted]

Date of Birth [Redacted]

Enrollment No. [Redacted] Deg. of Ind. Blood **31/64**

Signature of Enrollee [Redacted]

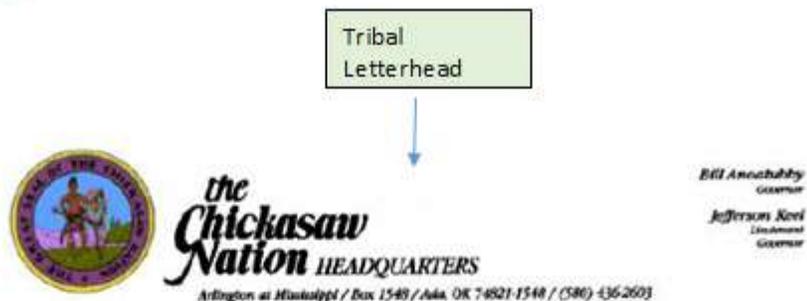
Signature of Issuing Officer [Redacted]

Name of AI/AN

Enrollment Number

Enrollment Officer Signature

Tribal Letter:



August 30, 2012

MEMORANDUM

This is to verify that [REDACTED] DOB: [REDACTED] possesses a CDIB showing his degree of 7/16 Chickasaw / Seminole / Creek Indian Blood and is recognized as a Chickasaw Nation Citizen, # [REDACTED].

If you have any questions please call me.

Statement of
Citizenship/Membership
Status

Sincerely,
[REDACTED]
[REDACTED] CDIB Director
Tribal Governmental Services

Formal Tribal Signature

5.3.1.6. Income

5.3.1.6.1. Eligibility Requirements

5.3.1.6.1.1. Rules Outlining the Income Compatibility Check

- Federal Tax Information (FTI) amount is equal to or less than the self-attested income amount: No further verifications will be needed and the Individual will be found eligible for tax credits based on the self-attested income amount
- Federal Hub income amount is greater than the self-attested income amount by more than 10%: The self-attested amount will need to be compared with data through the state's Eligibility Service via the State Wage Data
- State Wage Data amount is equal to or less than the self-attested income amount: No further verifications will be needed and the Individual will be found eligible for tax credits based on the self-attested income amount
- State Wage Data income amount is greater than the self-attested income amount by more than 10%: The individual will be found **Conditionally Eligible** for the tax credits based on the self-attested income amount

5.3.1.6.1.2. Countable Income

5.3.1.6.1.2.1. Overview of Countable Income Types

Employment	Self-employment	Dividends
Interest Income	Capital Gains or Losses	Farming Income
Income from Partnerships	Income from S. Corps	Trusts
Rental Income	Royalties	Unemployment Income
Social Security Benefits (SSA) or Railroad Retirement Benefits (RRB)	Annuities	Pensions (including non-disability military pay)
IRA distributions	Alimony/spousal support	Foreign Earned Income
Other claimable gains or losses	Economic Development funds from tribes (i.e., per capita distributions from gaming)	

5.3.1.6.1.2.2. Definitions of Countable Income Types

Type	Definition
Employment Income:	Gross pay and benefits from work for an employer wages; salaries; tips; and other taxable employee compensation. Earned income also includes net earnings from self-employment. Earned income does not include amounts such as pensions and annuities, welfare benefits, unemployment compensation, workers' compensation benefits, or social security benefits.
Self-Employment Income:	Net Income from a business owned. Gross income – any allowable deductions (i.e., certain business expenses, depreciation, maintenance, etc.)
Dividend Income:	The most common dividends are the distributions of profit that a corporation pays to its shareholders. Dividends usually are paid out in cash, but may also come in the form of stocks, stock options, debt payments, property, or even services. Partnerships and S-corporations may also pay out dividends. Some distributions from trusts and estates can also be considered dividends.
Interest Income:	The interest earned on cash temporarily held in savings accounts, certificates of deposits, or other investments.
Capital Gains or Losses:	Profit or loss from selling assets: i.e., a profit made from the sale of a financial asset such as stock or a house.
Farming Income:	The amount you make working on a farm either as a farmer or a tenant; or Farm income can also be the amount you collected for the sale of crop shares if you participated in the production of the crop.
Income from Partnerships:	A partnership is a business owned by several individuals who have signed a partnership agreement and have invested in the business. Income received from partnerships is split amongst the partners and they report their shares as personal income.
Income from an S-Corporation:	These are small business with no more than 100 shareholders. The income of the business is passed through to the shareholders without the business paying any taxes. Individuals who are shareholders in an S-corporation would claim any income received from the business and would be responsible for paying taxes on this income earned.
Rental Income:	The amount of money collected by a landlord from a tenant or group of tenants for using a particular space.

Type	Definition
Royalties:	Royalties are payments made by a third party to a person or entity (such as a business) that holds a property, patent, or copyright for the right to use that property.
Unemployment Income:	Unemployment benefits or compensation is money received as a result of state or federal unemployment compensation laws.
Social Security Benefits (SSA):	<p>Social Security has three sections of benefits – retirement, disability, and survivor benefits.</p> <p>Social Security bases benefits on income over years of employment and calculates all benefits from the primary insurance amount or the amount the worker receives at full retirement age or when they exit the workforce.</p>
Railroad Retirement Benefits (RRB):	Includes pay for retirement, survivor, unemployment, and sickness benefits to individuals who have spent a substantial portion of their career in railroad employment, as well as to these workers' families.
Annuities:	<p>Investment paying annual sum; i.e., an investment that pays the investor a set amount of money each year for a number of years, often the investor's lifetime; or</p> <p>An annuity is a contract between a purchaser and a financial services provider, exchanging payments today for a guaranteed return in the form of future payments.</p>
Pensions:	This is retirement pay; i.e., a fixed amount of money paid regularly to somebody during retirement by the government, a former employer, or an insurance company.
IRA Distributions:	Individual Retirement Arrangement distribution, it is referring to withdrawing money from an IRA account. The rules governing IRA distributions vary depending on your age, the reason for the distribution, and the type of IRA, but essentially, it is the money drawn down from the account.
Alimony/Spousal Support:	One partner provides regular payments to the other after divorce or separation. It is only available to couples that have been legally married. Unmarried couples have <i>palimony</i> for relief.
Foreign Earned Income:	Income earned abroad.
Per Capita Income:	<p>There are generally two types of "per capita" payments, only one of which is subject to required federal income tax withholding:</p> <ul style="list-style-type: none"> • When the tribe or any other payer distributes net revenues from their class II or class III gaming activity, income tax withholding is required • Distributions that are not from Class II or Class III gaming activity do not require income tax withholding

5.3.1.6.1.3. Allowable Deductions

5.3.1.6.1.3.1. Overview of Allowable Deduction Types

Student Costs (i.e., tuition/books)	Contributions to HSA	Spousal maintenance
Student loan interest	Educator expenses	Moving costs
Domestic production activities	Penalty on early withdrawal from savings	Pre-tax retirement account payments (excluding ROTH)
Business expenses for reservists, artists, or fee based government officials	Self-employment tax	Contributions to a Self-Employment Retirement Plan (SEP-Simple or Qualified plans)
Self-employment health insurance		

5.3.1.6.1.3.2. Definitions of Allowable Deduction Types

Type	Definition
Student Costs, Educator Expenses, and Student Loan Interest:	Some or maybe all of the educational expenses or interest on student loans may be deducted when calculating taxable income. The proportion of the expenses that can be deducted depends on the person's overall income, and some people may not be allowed any deduction.
Contributions Made to a Health Savings Account (HSA):	A HSA is an individually owned account and is used to cover current and future medical expenses, any money paid into this account may be considered as a deduction. There are limits and exclusions that apply.
Spousal Maintenance:	Money paid to a partner after a divorce or separation.
Moving Costs:	Costs accrued during the year for which the individual is filing annual taxes may be deducted. The Internal Revenue Service (IRS) has very strict rules surrounding who can claim moving expenses on their tax return.
Contributions to a Self-Employment Retirement Plan:	The Internal Revenue Code provides significant tax incentives for employers that establish and maintain retirement plans that comply with the requirements of the Code. Such plans include Simplified Employee Pension plans and Savings Incentive Match Plan for Employees Individual Retirement Account (SIMPLE IRA) plans.
Domestic Production Activities:	The deduction is a fixed percentage of income from: <ul style="list-style-type: none"> • Qualified production activities, or • Adjusted gross income (AGI) for individuals, or • Taxable income for C corporations, (whichever is the lowest)
Business Expenses for Reservists, Artists, or Fee-Based Government Officials:	Certain limits and exclusions apply.
Contributions Made to a Pre-tax Retirement Account Payments:	Contributions to a traditional individual retirement account, or IRA, are called "pretax" because an individual can deduct them from their taxable pay. The size of your maximum deduction is determined by guidelines of the internal revenue service and by their income and their retirement benefits
Self-Employment Tax:	An individual can deduct the employer-equivalent portion your SE tax in figuring their adjusted gross income. Self-employment tax is a tax consisting of social security and Medicare taxes primarily for individuals who work for themselves. It is similar to the social security and Medicare taxes withheld from the pay of most wage earners.

5.3.1.6.1.4. Frequency of Pay

The below table defines the different frequencies of pay a customer's income may be reported in.

One-Time Lump sum	Paid out once per calendar year
Annual	Paid out once per calendar year
Quarterly	Paid 1(x) per every 3 months
Monthly	Paid 1(x) per month
Bi-monthly	Paid 2(x) per each month; usually salaried workers who have designated pay dates; i.e. 1 st & 15 th
Every-Other-Week	Paid Every other week, may receive 2 or 3 paychecks in one month; usually on the same day every other week; i.e. paid every other Tuesday
Weekly	Paid 1(x) per week; i.e. paid every Friday
Hourly	Hourly rate x Hours worked per month
Per Piece Rate	Paid by piece, i.e. per day regardless of hours

5.3.1.6.2. Types of Proof

Individuals may submit the following:

Commonly Accepted Documents to Show Proof of Income:

- Company Payroll Document (Three Most Recent)
- Employer Statement
- Income Tax Forms
- Award Letters
- Bank Statements Showing Direct Deposit
- Self-Employment Agreements/Contracts



NOTE: This is not a comprehensive list. The above list of documents is the most commonly used forms of proof of Income.

5.3.1.6.3. Helpful Tips

- Proof of income for all members of the household who have reported income must be submitted, not just for the Primary Applicant. (e.g., both spouses work and earn income, a copy of each of their pay stubs would be required)
- Often verification will require both sides of the document. Please provide copies of both sides of any document submitting.

5.3.1.6.4. Sample Documents

Screen Shot Step-by-Step

Pay Stub

Individual claims that they have employment income and submits one pay stub.

Paystub Detail
 PAY DATE: 02/28/2003
 NET PAY: \$351.18

Name: Karen White
 2944 Main Street #12
 Saint Charles IL 60174

Income Frequency (dates): 02/08/2003 - 02/27/2003
 Pay Date: 02/28/2003
 Total Hours: 40.00

EMPLOYER: Long Consulting
 56 Hilltop Drive
 Saint Charles IL 60174

EMPLOYEE: Karen White
 2944 Main Street #12
 Saint Charles IL 60174

BENEFITS:

	Used	Available
Vacation	8.00	8.77
Sick	0.00	32.00

NET PAY: \$351.18

MEMO:

PAY	Hours	Rate	Current	YTD	DEDUCTIONS	Current	YTD
Regular Pay	24.00	12.00	288.00	1428.00	Blue Cross	150.00	150.00
Sick Pay	-	12.00	0.00	96.00			
Vacation Pay	8.00	12.00	96.00	96.00			
Holiday Pay	8.00	12.00	96.00	192.00			

TAXES	Current	YTD
Federal Income Tax	21.19	81.90
Earned Income Credit	58.77	235.08
IL Income Tax	14.40	54.36

SUMMARY:

	Current	YTD
Total Pay	\$466.00	\$1,812.00
Taxes	\$21.18	\$36.76
Deductions	\$150.00	\$150.00
Net Pay	\$351.18	

Screen Shot

Step-by-Step

W-2 Wage and Tax Statement

Individual claims that they have employment income and submits W-2 Wage and Tax Statement.

a Control number		Safe, accurate, FAST!  Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 44-1XXXXXX		1 Wages, tips, other compensation 16500.25	2 Federal income tax withheld 2097.54
c Employer's name, address, and ZIP code West Way Books 43 Bookend Rd Albuquerque, NM 87108		3 Social security wages 16500.25	4 Social security tax withheld 1023.02
		5 Medicare wages and tips 16500.25	6 Medicare tax withheld 239.25
		7 Social security tips	8 Allocated tips
d Employee's social security number 444-XX-XXXX		9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Susan A. Quintana 1000 Old Club Rd SW Albuquerque, NM 87105		11 Nonqualified plans	12a See instructions for box 12
		12a 12b 12c 12d 12e 12f 12g 12h 12i 12j 12k 12l 12m 12n 12o 12p 12q 12r 12s 12t 12u 12v 12w 12x 12y 12z	13
f Employee's address and ZIP code		15 State 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name	
NM	44-0XXXXXX-XX	16500.25	404.26

Income Amount

Name

Income Frequency (annual)

Form **W-2** Wage and Tax Statement
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

20XX Department of the Treasury—Internal Revenue Service

Screen Shot

Step-by-Step

A Summary of Deposit Account
Unlimited Chequing Account #00105687302

00105687302		Transit # 08859-219	
Your balance forward on Aug 31, 2011			\$0.00
Money out of your account (5 items)	-	\$4,650.00	
Money into your account (3 items)	+	\$4,650.00	
Your closing balance on Sep 10, 2011	=		\$0.00

Bank Statement Showing Direct Deposit

Individual claims that they have direct deposits and submits a bank statement.

Details of your account transac

Date	Description	Money out of your account(\$)	Money into your account(\$)	Balance (\$)
3 Aug 31	Balance forward			\$0.00
4 Aug 31	Account Opening Balance		\$0.00	
5 Sep 1	Direct Deposit Payroll Deposit ATB		2,800.00	\$2,800.00
Sep 1	POS Purchase 257862 Canada Safeway Ltd. #822	\$325.00		\$2,475.00
6 Sep 1	Insurance Premium Payment	\$7.00		\$2,468.00
7 Sep 1	Auto LOC Repayment	\$2,468.00		\$0.00
8 Sep 4	POS Purchase 164210 Home Depot #88	\$1,350.00		\$1,350.00
9 Sep 4	Loan Transfer		\$1,350.00	\$0.00
Sep 6	ABM Deposit ABM 6715 8th St NE 707637		\$500.00	\$500.00
Sep 6	Auto LOC Repayment	\$500.00		\$0.00
10 Sep 10	Closing Balance			\$0.00

Income Amount

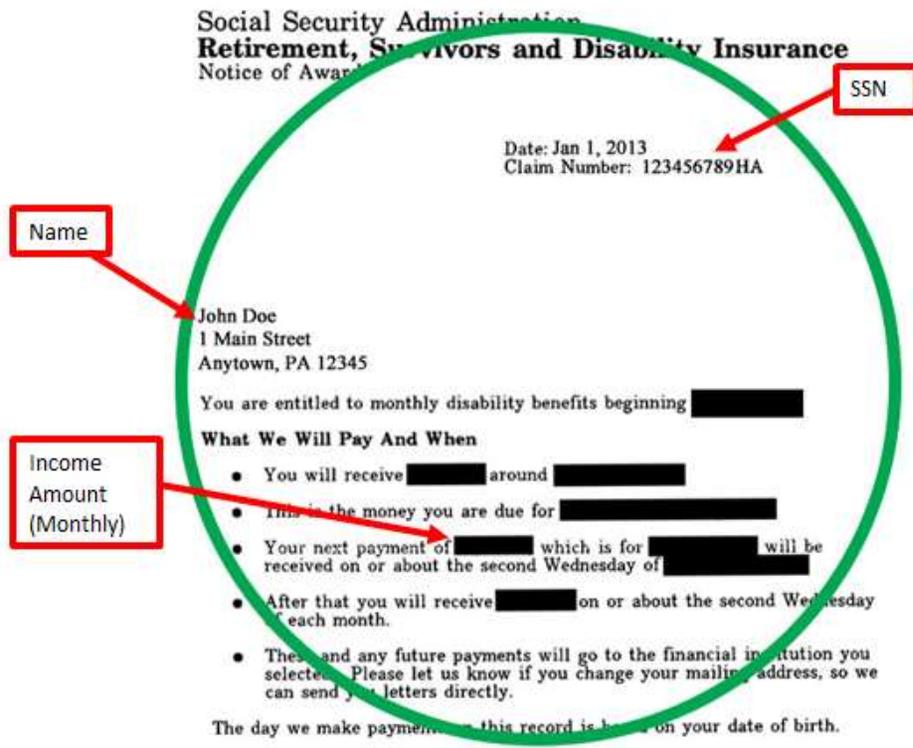
Income Frequency (dates)

Screen Shot

Step-by-Step

Award Letter

Individual claims that they received income benefits and submits an Award Letter.



Screen Shot

Step-by-Step

Unemployment

Individual claims that they have unemployment income and submits unemployment paperwork.

Name

950192675 JONES, PRESTON G 01 10 27 13 790

Verification Number Claimant Name Program Application Date Claim Code

State of Washington - Employment Security Department

STATEMENT OF WAGES AND HOURS
MONETARY DETERMINATION

Date is the quarterly wage and hour information received from your present or past employer(s). We have the amount of unemployment benefits you can receive based on these figures. If you are having trouble the weekly benefit amount and maximum benefits payable shown in the lower right-hand corner.

Employees pay for the entire cost of these benefits. You are not charged, and nothing has been deducted from your pay.

Please compare this information with your own payroll records as soon as possible. If you find any of the information is wrong, or there is missing information, use the bottom of this form for instructions on requesting a reconsideration or filing an appeal. We will not process reconsiderations, or file appeals, or already filed claims. You can find explanations of the terms used on this Statement of Wages and Hours on the back.

PRESTON G JONES
613 N 32ND AVE
YAKIMA WA 98902-1606

REPORTED WAGES AND HOURS FOR YOUR BASE YEAR:				THROUGH:			
5/12				2/13			
BENEFIT YEAR BEGINS:		BENEFIT YEAR ENDS:		DATE MAILED:			
10 27 13		10 25 14		10 29 13			
CLAIMANT NAME	EMPLOYER NAME	ACCOUNT NUMBER	1ST QTR OF BASE YEAR 3/12	2ND QTR OF BASE YEAR 4/12	3RD QTR OF BASE YEAR 1/13	4TH QTR OF BASE YEAR 2/13	
			WAGES HOURS	WAGES HOURS	WAGES HOURS	WAGES HOURS	
JONES P IMPACT		20009400	9050.75 408	211.97 8			
JONES P QUALITY		60186100	2211.50 154	11961.59 521	14366.54 521	13372.67 521	
QUARTERLY TOTALS:			11262.25 562	12073.56 529	14366.54 521	13372.67 521	

INIT DETERMINATION
TOTAL REPORTED EARNINGS HOURS
GROSS 51,175.02 2131
FEDERAL .00
TOTAL 51,175.02 2131
WEEKLY BENEFIT AMOUNT 9555.00
MAXIMUM BENEFITS PAYABLE 913656.00

Income Frequency (weekly)

Income Amount

Screen Shot

Step-by-Step

Tax Return (Form 1040)

Individual claims that they have sources of income and submits a Tax Return (Form 1040).

The image shows a 2012 U.S. Individual Income Tax Return (Form 1040) for Barack H. Obama. Red boxes and arrows highlight the following fields:

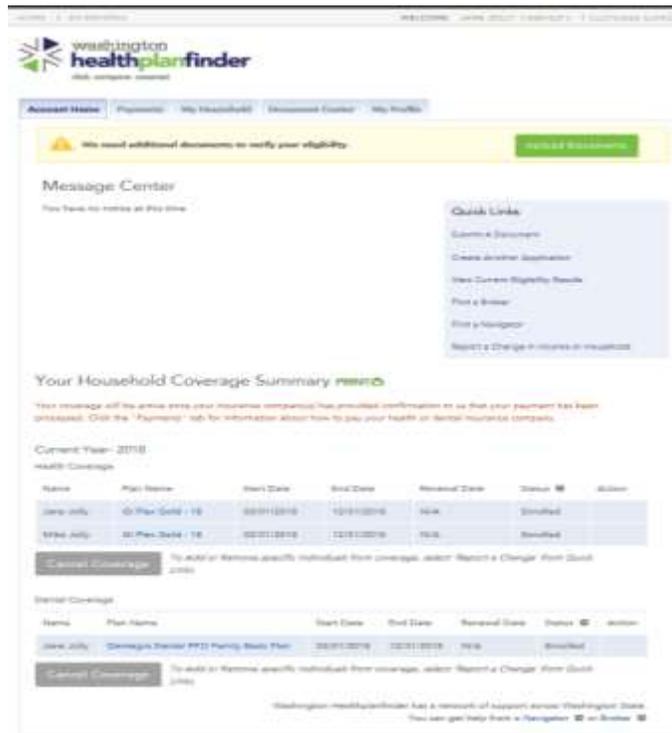
- Tax return Form #:** 1040
- Tax Year:** 2012
- Name:** BARACK H. OBAMA (Taxpayer) and MICHELLE L. OBAMA (Spouse)
- SSN:** 1600 PENNSYLVANIA AVENUE, NW, WASHINGTON, DC 20500
- Income Amount (annual):** 662,076 (Total income, line 22)

Other visible information includes: Filing Status: Married filing jointly; Exemptions: 4 (Spouse, 2 Children); Adjusted Gross Income: 608,611 (line 27).

5.4. Where should I submit my documents?

5.4.1. Uploading Documents in *Washington Healthplanfinder*

Individuals can upload documentation directly to their *Washington Healthplanfinder* account from their dashboard **Document Center**:



Documents are managed in the **Document Center** tab. To get to the **Document Center**, a customer can select the **Document Center** tab or select **Upload Documents** if documentation is being requested.

From the **Document Center** customers will be able to manage document submission and view documentation requests.

Account note – privileged users (navigators, brokers, Certified Application Counselors) have the same view and functionality as Customers do for their **Document Center**

HOME | EN ESPAÑOL WELCOME, JANE JOLLY (SIGN OUT) | CUSTOMER SUPPORT



Account Home Payments My Household **Document Center** My Profile

Jane 
Mike 

Jane Jolly's Documents Overview

Documents Needed 

Category	Due By	
Proof of Social Security Number	05/07/2018	Upload Documents
Proof of Citizenship or Naturalization	05/07/2018	
Proof of Incarceration Status	05/07/2018	
Proof of no other coverage-Medicare	05/07/2018	

Need to submit a different document? [Upload one now](#)

[Learn more about additional verification](#)

Submitted Documents

Pending Review

Category	Name	Date Submitted	Uploaded From
None			

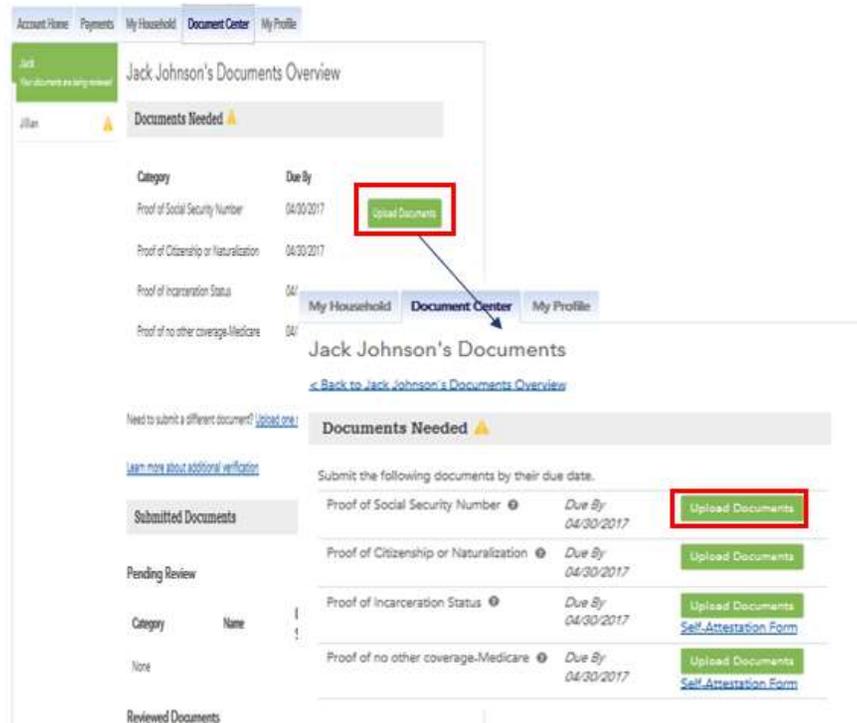
Reviewed Documents

Category	Name	Date Submitted	Status	Rejection Reason
None				

Document Center is separated into 3 sections & each household member has a tab:

- Documents Needed
 - View new or existing requests for documentation
- Submitted Documents
 - View submitted documents
- Reviewed Document
 - View past documentation uploaded along with other document details

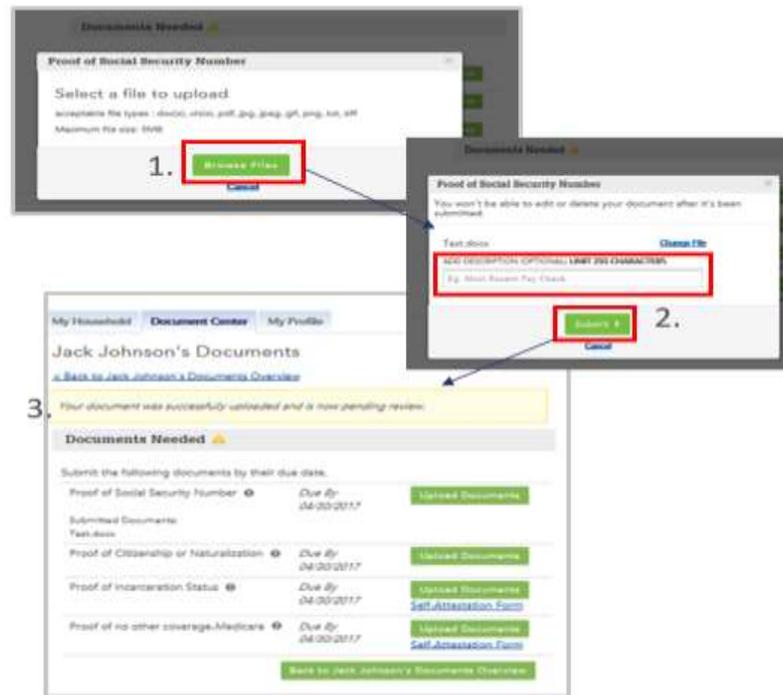
Customers can view existing requests for documentation in the **Documents Needed** section:



Documents Needed is the first section of the **Document Center**

- Customers will be able to view:
 - Due Date for each pending document request
 - Document Category
- Select **Upload Documents** to upload a document directly related to the request

Document Upload Screen



1. Select **Browse Files** to upload saved file
2. Once file is attached you can add optional text – up to 255 characters
3. Select **Submit** to submit and text will appear to inform you that the upload was successful

Documentation Notes – when a customer has multiple household members select each household members name to view what may be requested of them

If an individual is required to upload proof of income it should be uploaded under the primary applicants name

5.4.2. Other Submission Methods

Individuals may also submit documentation:

- Through **WAPlanfinder** – *Mobile application for iPhone and Android users*
- **By mail:**
 - Customer must include the following in their letter: **name, application ID**, and **photocopies** of documentation
 - **Mailing address:**

Washington Healthplanfinder
PO Box 946
Olympia, WA 98507
- **By fax:**
 - Customer must include the following in their fax: **name, application ID**, and **photocopies** of documentation
 - **Fax number:** 1-855-867-4467
- **By email:**
 - Customer must include the following in their email: **name, application ID**, and **photocopies** of documentation
 - **Email Address:** documents@wahbexchange.org

5.4.2.1. Helpful Tips

Do **NOT** submit original documents, only copies

Be sure to send copies of the **entire** document

- **For example:** if the document has a **front and back side**, be sure to send copies of both sides

Include **an application identifier on the copy** of the document being submitted

- **For example:** Print the customer's name and application ID on the copy, so staff can quickly associate the customer's document with an application. Customers can find their application ID is on their conditional eligibility correspondence/notice.

5.4.3. What should I do if I cannot submit documentation?

- **Qualified health plan:**

- A customer can submit supplemental information as to why there is a discrepancy with the documentation provided or reason for not being able to submit proof. This will be evaluated on a case-by-case basis at the *Washington Healthplanfinder*.
- 1-855-WAFINDER (1-855-923-4633)

- **Washington Apple Health (Medicaid):**

- If the customer cannot provide requested documentation, the customer must call to explain the situation. The Health Care Authority will work with customers to understand their situation and work to get what they need.
- Call Health Care Authority **1-800-562-3022**

5.4.4. What happens if my documents are insufficient?

- **Qualified health plans:**

- If the documents submitted are insufficient, *Washington Healthplanfinder* will send the customer a correspondence requesting additional information
- The customer can continue to submit documentation within their 95-day conditional period

- On a case-by-case basis, *Washington Healthplanfinder* staff may extend the 95-day period if additional follow up is required and the customer has made a reasonable attempt to submit appropriate documentation
- **Washington Apple Health:**
 - Customer submitted documentation and Eligibility still cannot be determined:
 - After Health Care Authority reviews, they may request additional information
 - The Health Care Authority will re-request that information and give the customer an additional 15 days to re-submit documentation

5.4.5. Under what circumstances would I be denied eligibility?

- **Qualified health plan:**
 - Customers are denied eligibility only after the 95-day conditional eligibility period has ended:
 - Requested documentation is not provided for verification; OR
 - Documentation was submitted, but verifies the customer is ineligible for a Qualified health plan
 - A customer could be denied for tax credits, but still qualify for a Qualified health plan without tax credits
- **Washington Apple Health (Medicaid):**
 - Customers are only closed/terminated for Apple Health if:
 - Requested documentation is not provided for verification; OR
 - Documentation was submitted, but verifies the customer is ineligible for Apple Health (e.g., proof of income is submitted, but the income is actually higher than the qualifying limit for Apple Health)